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1830.

County of the City of Exeter.




# ANNUAL REPORT

## OF THE MEDICAL OFFICER OF HEALTH FOR 1951

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E. D. IRVINE, M.D., M.R.C.S., D.P.H.,  
Medical Officer of Health.



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ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH

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*To the Chairman and Members of the Health Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my report on the health of the people of the city and on the work of the health department for the year 1951.

Despite the wet and depressing summer and despite continuing anxieties affecting the nation as a whole, the health of the inhabitants of Exeter was well maintained. A sharp influenza epidemic affected the city in the first week of January and did not die away completely until towards the end of March. Its mortality was mainly amongst the aged. A very large epidemic of measles affected the city without causing any deaths. Whooping cough continued at about its usual rate, but with no deaths. Poliomyelitis was almost non-existent.

The Registrar General estimated the mid year population to be 76,200. The birth rate declined again to 14.4 and the death rate (corrected to allow for the age and sex distribution of the population in the city, for this materially affects the rate in any area) was 12.5. The vital statistics as a whole were neither exceptionally good nor bad, but tuberculosis deaths declined remarkably, to a low record, while on the other hand, notifications increased—a result, I believe, of better case finding. B.C.G. vaccination made good headway. No real outbreaks of food poisoning occurred, but isolated cases of infection by food poisoning organisms were recorded. The supervision of food premises was increased considerably during the year, and it is pleasing to observe the growing number of traders who are putting in their shops refrigerated display cabinets; the abattoir is just the same as it was before, and bad at that.

The water supply was satisfactory.

The City Architect has informed me that during 1951 there were 267 houses built and 6 rebuilt making the estimated total of houses in the city 18,567. Since the last war 1,926 houses

have been built and 197 rebuilt. There were 2,266 applicants on the Council's housing waiting lists at the end of 1951, but I understand from the Housing Manager that a number of applications regarded as lapsed, have been renewed since then, so that the total has since risen by some hundreds.

I have included as an Appendix a note on The National Census taken in 1951 in so far as information is available about Exeter's population and housing.

No person was compulsorily removed from home under the National Assistance Acts 1947-1951, but a number of persons were visited with this in mind. I have the greatest reluctance to remove old people against their will, but on two occasions it was seriously contemplated: both persons became gravely ill and were removed to hospital, but died shortly afterwards. The difficult problem confronts one—whether to remove a person compulsorily against his will at a time when rehabilitation seems possible or to leave him at home because he objects to going into a hospital or institution, perchance to become fatally ill quite soon afterwards.

Detailed proposals and plans for the health centre at Whipton were submitted to the Ministry of Health. The need for a child welfare centre in the Countess Wear estate also presses. Rather less than half the expectant mothers had their babies born at home; attendances at the ante-natal clinics administered by the Council continued to decline. The dental service has done some good work among mothers and babies, but has only touched the very fringe of the work that needs to be done. I do not know to what extent expectant and nursing mothers and babies are treated by private dentists, but I have been promised some information by the local dental profession for 1952. The home nursing service continued to expand its work; over 60,000 visits were made to about 2,500 patients. Domestic help was given to 273 families; old people helped in this way numbered only 46, but it must be remembered that the Old People's Welfare Committee also supply home help to a considerable number of old people. It has been decided to introduce whooping cough immunisation. The Occupation Centre for ineducable mentally defective children did splendid work during the year. The premises are poor for the purpose and outdoor recreational facilities are very limited. We tried, jointly with the Digby Hospital, to get a psychiatric social worker but without success; the authorised officers are also mental health workers and do good work.

The health visitors, as always, are the great agents of health education. We need more health visitors if they are to work,



as I think they should, in closer and closer relationship with the general practitioners. Of course, that can only come about when the general practitioners hold the same viewpoint. We are moving along this path slowly. I am glad to be able to say that the hospital service has co-operated more fully, latterly, in regard to giving us information about patients needing after-care and especially in regard to information about school children treated in hospital. But it is clear that until the interchange of information is much more complete than it is (and this applies to the country as a whole), the local authority health service cannot play the part it should play.

It is with pleasure that I say how well the general practitioners co-operate with the health department ; and we on our side try to help them. Medical officers of health, as the main exponents of preventive medicine, know that in the long run—and the shorter the run the better—there must be, and there should be, a fusion of the preventive and curative approaches in medicine. The application of medical knowledge to the prevention of disease often demands co-operation from other agencies, and it certainly does not mean necessarily a clinical approach. But in the maintenance and improvement of personal health, a personal approach to the individual is essential, and its ultimate direction must be by a doctor. The doctor to whom a sick man turns is in an exceptionally strong position to influence the patient and to help him in his way of life and in his family problems. The family doctor, when he has time to discuss domestic or financial or social problems, which may often be the remote, but sometimes the proximate cause of illness, can often help enormously, not only in cure, but in the prevention of illness, and in the improvement and maintenance of health. In that task the health department services can give him much help and will be only too glad to do so. I can also say with pleasure, that relationships with the hospital staffs are most cordial. With its large number of first class hospitals, Exeter is exceptionally strong as a medical centre and this makes for a high standard of medical care, which includes much more than the bedside care of the sick, and in which the local authority health service has no mean part to play. It is of the greatest importance that the Authority should see its place clearly : its duty is first, to prevent disease by any action it can take—notably in improving the environment and also by way of specific immunisation ; secondly, to help to arrest disease and defect in the early stages—notably through the school medical and maternity and child welfare services, by early recognition of disorders and defects and persuading those affected to get medical care ; thirdly, to help in the maintenance of as good health as is possible to the

individual in all his circumstances—mainly by health education (which is not as so many think, a matter of posters and leaflets, but of personal approach by those who have a knowledge of health and disease, and who are able intelligently to inform the public, and whose personal authority is such that the public will accept the advice given) ; and fourthly, to assist in the prevention of deterioration in a patient whose disease has been cured or controlled—by way of after-care. This is not to say that the local authority has any exclusive prescriptive approach in these matters. Others must take their share of responsibility, but Parliament has clearly laid on Local Health and Local Sanitary Authorities—in varying degrees—these duties. In fact, they all represent the community's effort as distinct from any individual effort. It is, therefore, essential that medical officers in the health service should be considering all the time what is the level of health in the area, what adverse factors are at work, what can best be done to safeguard the health of the people, and to what extent remedial or protective measures lie within the power of the local authority. It is only after that has been done and the Council have considered the advice given that administration comes into effect. For these reasons the view which has gained some currency that the Medical Officer of Health is primarily an administrator with medical knowledge must be refuted and the contrary view maintained that the Medical Officer of Health is a doctor, who in order to secure that his advice, as accepted by the Council, is carried out effectively, must administer.

I most willingly acknowledge the great help my staff have given me ; all concerned, professional, clerical and others, have worked loyally and well throughout the year. Dr. Magill, my deputy, managed the department and did it well while I was ill for some time in the spring. On his resignation, to enter general practice, Dr. J. H. Whittles was appointed Deputy Medical Officer of Health. The Chief Officers of the Council have always been most helpful and they have also given me much information used in this report. I have found the Health Committee interested, sympathetic and constructive ; and I would like to thank you Mr. Chairman, Ladies and Gentlemen, for the way in which you have received proposals intended to improve the health of the community.

I am,

Your obedient servant,

E. D. IRVINE.

*August, 1952.*



# CITY AND COUNTY OF THE CITY OF EXETER

## Health Committee.

### Mayor—

ALDERMAN F. P. COTTEY.

### Chairman—

COUNCILLOR LT. COL. R. H. CREASY.

### Deputy Chairman—

COUNCILLOR J. A. GRAVES.

Alderman W. T. BAKER.  
Alderman H. C. PEDRICK.  
Councillor R. V. BAKER,  
(Resigned 3.12.51).  
Councillor H. T. BISHOP.  
Councillor P. F. BROOKS.  
Councillor W. H. BUTCHER.  
Councillor J. COOMBES.  
Councillor C. C. M. FORCE.  
Councillor MRS. M. NICHOLS.  
Councillor W. G. PARISH.  
Councillor MAJOR A. S. POWLEY.

Councillor G. PRING.  
Councillor A. J. RECORD.  
Councillor C. REW.  
Councillor A. H. ROBERTS.  
Councillor MRS. S. D. RUSSELL.  
Councillor H. SMALE.  
Councillor G. J. E. TOMLINSON.  
Councillor E. C. L. TOZER.  
Councillor S. H. TROTT.  
Councillor P. C. WESTERN.  
Councillor S. W. WOODCOCK.

### Co-opted Members—

MRS. BOLT.  
MRS. M. COLLINGS.  
MRS. C. COYSH,  
(To 30.1.51).  
DR. A. H. G. DOWN.  
MR. W. H. B. HAWKEN.  
MR. W. R. B. ARNOLD,  
(Died 31.1.51).

MRS. K. G. MORGAN (From 30.1.51)  
(To 19.10.51)  
MISS M. FRIEND (From 19.11.51).  
DR. J. RUSSELL.  
MR. W. J. SELLEY.  
MRS. S. J. SMITH, J.P.  
MRS. B. STEELE-PERKINS.  
MR. A. C. MILTON (From 17.9.51).

*Town Clerk*—C. J. NEWMAN, Esq., O.B.E.

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## SUB-COMMITTEES. GENERAL PURPOSES.

### Chairman—

COUNCILLOR J. COOMBES.

### Deputy Chairman—

COUNCILLOR MAJOR A. S. POWLEY.

Alderman W. T. BAKER.  
Councillor W. G. PARISH.  
Councillor G. PRING.  
Councillor A. J. RECORD.  
Councillor MRS. S. D. RUSSELL.

Councillor G. J. E. TOMLINSON.  
Councillor S. H. TROTT.  
Councillor P. C. WESTERN.  
Councillor S. W. WOODCOCK.

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MR. W. J. SELLEY.

MR. W. R. B. ARNOLD,  
(Died 31.1.51).  
MR. A. C. MILTON, (From 17.9.51).

together with the Right Worshipful the Mayor of Exeter and the Chairman  
and Deputy Chairman of the Health Committee—*ex-officio*.

## MATERNITY AND CHILD WELFARE.

### Chairman—

COUNCILLOR MRS. M. NICHOLS.

### Deputy Chairman—

COUNCILLOR MRS. S. D. RUSSELL.

Alderman H. C. PEDRICK.

Councillor H. T. BISHOP.

Councillor P. F. BROOKS.

Councillor C. C. M. FORCE.

Councillor H. SMALE.

Councillor S. W. WOODCOCK.

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MRS. C. COYSH (To 30.1.51).

MISS FRIEND (From 19.11.51).

MR. W. H. B. HAWKEN.

MRS. K. G. MORGAN (From 30.1.51)  
(To 19.10.51).

MRS. S. J. SMITH, J.P.

MRS. B. STEELE-PERKINS.

together with the Right Worshipful the Mayor of Exeter and the Chairman and Deputy Chairman of the Health Committee—*ex-officio*.

## MENTAL HEALTH.

### Chairman—

COUNCILLOR J. A. GRAVES.

### Deputy Chairman—

COUNCILLOR LT. COL. R. H. CREASY.

Councillor R. V. BAKER,  
(Resigned 3.12.51).

Councillor W. H. BUTCHER.

Councillor C. REW.

Councillor A. H. ROBERTS.

Councillor E. C. L. TOZER.

### Co-opted Members—

DR. A. H. G. DOWN.

DR. J. RUSSELL.

together with the Right Worshipful the Mayor of Exeter.



**STAFF.****PUBLIC HEALTH OFFICERS OF THE AUTHORITY.****(a) Medical.***Medical Officer of Health and School Medical Officer.*

EDWARD D. IRVINE, M.D., M.R.C.S., L.R.C.P., D.P.H.

*Deputy Medical Officer of Health and Assistant School Medical Officer.*

HENRY G. MAGILL, M.B., B.CH., B.A.O. (Belfast), D.P.H., (To 31.8.51).

J. H. WHITTLES, T.D., B.SC., M.D., M.R.C.S., L.R.C.P., D.P.H., (From 7.12.51).

*Assistant Medical Officer of Health and Senior Assistant School Medical Officer.*

† JESSIE SMITH, M.B., CH.B., D.P.H. (Leeds).

*Assistant Medical Officer of Health and Assistant School Medical Officer.*

IRIS V. I. WARD, M.D. (Lond.), M.R.C.S., L.R.C.P., D.C.H.

*Medical Officer, Ante-Natal Clinic (part-time).*

BERTHA HINDE, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P.

*Chest Physician (part-time).*

ROBERT P. BOYD, M.B., CH.B., D.P.H. (Glas.), F.R.F.P.S.G.

*Dental Surgeons.*

† CLIFFORD A. REYNOLDS, L.D.S. (Eng.), Senior Dental Officer.

† M. RADFORD, L.D.S. (Eng.).

**(b) Others.***Chief Sanitary Inspector and Officer under the Food and Drugs Adulteration Act, etc.*

\*\* F. G. DAVIES, M.R.S.I., A.M.I.S.E.

*Deputy Sanitary Inspector.*

\*\* A. E. TROUNSON, (To 26.9.51).

\*\* D. MAYNARD, (From 1.11.51).

*Assistant Sanitary Inspectors.*

\*\* T. COATES.

\*\* A. C. LEWIS.

\*\* G. C. HOPKINS.

\*\* R. PICKFORD.

\*\* T. H. HEYWOOD, (From 1.6.51).

*Public Analyst.*

T. TICKLE, B.SC., F.I.C.

*Superintendent Health Visitor.*

\* MISS M. M. FOY.

† Duties mainly in connection with the Education Committee.

\*\* All qualified sanitary inspectors and meat inspectors.

\* S.R.N., S.C.M. and H.V. Certificate.

*Health Visitors and School Nurses.*

\*Miss A. H. EDDS.

\*Miss M. L. BARRETT.

\*Miss N. E. SMITH.

\*Miss G. M. BASTOW.

\*Miss M. A. GRIMM.

\*Miss M. A. S. CLARKE.

\*Miss L. E. WATHEN.

\*Mrs. E. STANNARD (part-time).

*Non-Medical Supervisor of Midwives.*

\*Miss L. REYNOLDS (part-time).

*Tuberculosis Visitor.*

\*Miss A. DAWSON.

*Superintendent of Day Nurseries.*

Miss C. STREET.

*Day Nurseries—Matrons.*

Mrs. J. EDDY (Burnthouse Lane).

Miss J. BRYAN (Buddle Lane).

Miss M. E. EDWARDS, (Paul Street).

*Organiser of Domestic Help Scheme.*

Miss M. I. HUMPHERSON.

*Assistant Organiser of Domestic Help Scheme.*

Miss E. R. NASH (part-time).

*Clerks.*

E. S. HOWELLS (Chief Clerk).

R. W. STILES (Principal Assistant Clerk).

L. G. GODBEER.

F. J. WREFORD.

G. H. WHITLEY.

G. A. GIBSON.

D. G. COLLINS (To 31.3.51).

E. R. HELYAR (From 16.4.51).

R. PETTITT.

D. ROTHERO (Temporary).

Mrs. M. M. PAYNE.

Mrs. J. ALLEN (To 6.10.51).

Miss E. M. BURRIDGE.

Mrs. D. MARSDEN.

Miss D. M. BOWYER (From 1.11.51).

Miss M. CRABTREE (part-time, temporary).

Miss D. M. E. BARROW (part-time, temporary).

Mrs. D. CLELAND (part-time, temporary). (To 8.6.51).

Mrs. M. STEVENS (part-time, temporary). (From 25.6.51).

**(c) Mental Health Section.***Mental Welfare Officer and Authorised Officer.*

R. W. STILES.

*Authorised Officers.*

L. N. CLARK.

MRS. L. BRUNT.

*Occupation Centre—Supervisor.*

MRS. A. M. HORTON.

**GENERAL STATISTICS.**

Area in acres, 9,035 (according to Registrar-General's census 1951)

Population, Civilian, 76,200.

Rateable Value, £759,043.

Sum represented by a penny Rate, £3,162.

**VITAL STATISTICS.**

Live Births :—

Legitimate, total 1,026 ; male 513, female 513.

Illegitimate, total 72 ; male 35, female 37.

Stillbirths, 33.

Stillbirth Rate, 29.1 per 1,000 total (live and still) births.

Birth Rate, 14.4 per 1,000 population

Deaths, total 1,060 ; male 531, female 529.

Death Rate (recorded) 13.9 per 1,000 population.

Corrected (by the Registrar-General's area comparability factor) 12.5 per 1,000 population.

Maternal Mortality Rate, Nil (Sepsis, Nil ; Other, Nil).

Tuberculosis Mortality Rate 0.25 per 1,000 population (pulmonary 0.18, non-pulmonary 0.07).

Infantile Mortality Rate, 30.0 per 1,000 live births (legitimate 10.7, illegitimate 41.6).

Deaths from Measles (all ages)	.....	.....	Nil
„ „ Whooping Cough (all ages)	.....	.....	Nil
„ „ Gastro-enteritis and Diarrhoea (under 2 years of age)	.....	.....	Nil
„ „ Diphtheria (all ages)	.....	.....	Nil

## OCCUPATIONS.

The principal occupations in the city are in the distributive trades, engineering, clothing, hotel and catering, and building trades and also in administration.

The following table (Table I) provides some statistical information covering a period of ten years :—

**Table I.**

### MID-YEAR POPULATION. (Registrar-General's estimates)

Year ..	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Exeter ..	73,800	68,520	68,180	69,070	72,910	74,160	75,150	76,590	77,260	76,200

### BIRTH RATE.

Year .....	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
England and Wales .....	15.8	16.5	17.6	16.1	19.1	20.5	17.9	16.7	15.8	15.5
Exeter .....	14.4	15.3	19.5	18.04	19.8	19.2	17.5	15.6	14.6	14.4
Percentage of illegitimate births to total births (Exeter) .....	7.5	10.4	10.5	15.6	8.7	6.2	4.6	6.05	5.3	6.6

### DEATH RATE.

Year .....	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
England and Wales .....	11.6	12.1	11.6	11.4	11.5	12.0	10.8	11.7	11.6	12.5
Exeter* .....	15.8	13.4	13.7	13.8	12.7	13.4	10.7	11.7	10.9	12.5

\*Corrected by application of the Registrar-General's comparability factor which is .9

I am unable to reconcile completely the figures obtained in my office with those given by the Registrar General : Exeter's notified births~~\*~~ (including correction for transfers) numbered ~~1,099~~ which lends support (though they are not necessarily quite the same) to our calculation of 1,083 births~~\*~~ registered (including correction for transfers) during the year, but the Registrar General states there have been 1,098 births~~\*~~ registered in Exeter (including corrections for transfers) ; so that on the official figures the

~~\*~~ LIVE BIRTHS



infant mortality and still-birth rates are slightly less than we would have computed them. The classification of death is carried out according to rules which are necessarily strictly interpreted because the classification of death by cause is now standardised internationally. But there is little doubt that in some cases it leads to assignments which can be misunderstood. One death last year was certified as due to (a) hypostatic pneumonia, (b) chronic endocarditis, (c) typhoid fever; and this was assigned properly to typhoid fever. But local enquiry, made because typhoid fever had not been notified, shewed the death to have occurred 64 years after the typhoid fever, so that though the latter initiated the heart disease, the assignment to typhoid would certainly mislead and suggest that we had had a death from typhoid during the year. Two other deaths due to causes of long ago were ascribed to "homicide and operations of war"—one due to injuries received in the Boer War, the other to poison gas in the 1914-18 war. Another case was undoubtedly a maternal death, but the application of the rules to the certificate places it as a death due to respiratory disease. So officially Exeter had no maternal deaths, though we know certainly there was one. The classification of cancer deaths is also difficult; occasionally, I get later information which shews a tumour, apparently innocent, to have been malignant; and certainly the Registrar General in some cases varies the assignment for similar reasons; so that disagreement easily results.

The table below (Table II) is that provided by the Registrar General and it will be noticed that for the first time ages over 65 are subdivided to separate those over 75 years, an indication of the significance of our lengthening span of life.

The death rate per 1,000 of the estimated mid-year population at 13.9 (crude) and at 12.5 (corrected to allow for the age and sex distribution of the population in the city as compared with that of the population in the country as a whole) was higher than last year mainly owing to an increase in the deaths of persons over 65 years of age (which accounts for 113 of the 122 additional deaths) and mainly in the deaths from cardiac and allied disorders, respiratory diseases and cancer; one striking increase was the influenza deaths—29 deaths were so accounted in 1951 as compared with 7 in 1950, 21 being in persons aged 65 or over; this was the result of the influenza epidemic which affected the city in January, February and March. Tuberculosis mortality declined sharply, only 14 deaths being due to pulmonary tuberculosis; previously it has never been less than 31 in any year.

Table II.

AGE DISTRIBUTION OF CAUSES OF DEATH.  
REGISTRAR-GENERAL'S FIGURES 1951.

	Under 1		1-4*		5-14*		15-44*		45-64*		65 and over		Total		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Tuberculosis respiratory	—	—	—	—	—	—	2	4	6	—	1	1	9	5	14
Tuberculosis, other	—	—	—	—	—	—	1	2	1	—	—	1	2	3	5
Syphilitic disease	—	—	—	—	—	—	—	—	1	—	2	—	3	—	3
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2
Malignant neoplasm, stomach	—	—	—	—	—	—	2	—	3	4	8	11	13	15	28
Malignant neoplasm, lung, bronchus	—	—	—	—	—	—	2	—	9	2	6	2	17	4	21
Malignant neoplasm, breast	—	—	—	—	—	—	—	—	1	6	—	15	1	21	22
Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	3	—	5	—	8	8
Other malignant and lymphatic neoplasms	—	—	—	—	—	—	6	4	19	11	35	24	60	39	99
Leukaemia, aleukaemia	—	—	—	—	—	—	—	—	1	1	—	—	1	1	2
Diabetes	—	—	—	—	—	—	—	1	1	—	1	2	2	3	5
Vascular lesions of nervous system	—	—	—	—	—	—	2	1	16	9	45	69	63	79	142
Coronary disease, angina	—	—	—	—	—	—	3	—	20	4	47	41	70	45	115
Hypertension with heart disease	—	—	—	—	—	—	—	—	3	6	11	16	14	22	36
Other heart disease	—	—	—	—	—	—	2	2	14	10	80	107	96	119	215
Other circulatory disease	—	—	—	—	—	—	1	—	3	1	11	18	15	19	34
Influenza	—	—	—	—	—	—	—	1	3	4	8	13	11	18	29
Pneumonia	2	—	—	—	—	—	1	3	2	1	12	10	17	14	31
Bronchitis	—	1	1	—	—	—	—	—	7	3	17	18	25	22	47
Other diseases of respiratory system	—	—	—	—	—	—	1	1	3	1	1	4	5	6	11
Ulcer of stomach and duodenum	—	—	—	—	—	—	1	—	8	2	4	1	13	3	16
Gastritis, enteritis and diarrhoea	—	—	—	—	—	—	—	—	—	—	—	2	—	2	2
Nephritis and nephrosis	—	—	—	—	—	—	1	—	4	1	4	2	9	3	12

Continued on opposite page.

	Under 1		1-4*		5-14*		15-44*		45-64*		65 and over		Total		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Hyperplasia of prostate	—	—	—	—	—	—	—	—	2	—	15	—	17	—	17
Pregnancy, childbirth, abortion .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital malformations .....	1	2	—	—	—	—	1	1	1	1	—	1	3	5	8
Other defined and ill-defined diseases .....	16	9	—	—	1	—	2	2	7	10	15	34	41	55	96
Motor vehicle accidents	—	—	1	—	—	—	4	—	1	1	—	—	6	1	7
All other accidents .....	1	1	—	—	1	—	6	—	2	2	1	10	11	13	24
Suicide .....	—	—	—	—	—	—	—	1	2	1	2	—	4	2	6
Homicide and operations of war .....	—	—	—	—	—	—	—	—	1	—	1	—	2	—	2
	20	13	2	1	2	—	38	23	142	84	327	408	531	529	1,060

\*Throughout this report in the age tables 1-4 means over 1 year and under 5 years, 5-14 means over 5 years and under 15 years and so on.

Table III.

## DEATHS BY SEX, AND CERTAIN AGE GROUPS.

Deaths at	Total.	1951		Total.	1950	
		Males.	Females.		Males.	Females.
0-14 ....	38	24	14	54	25	29
15-64 ....	287	180	107	262	154	108
65 and over ....	735	327	408	622	267	355
	1,060	531	529	938	446	492

## DEATHS AT ALL AGES.

Cause—				1950	1951
Infective .....	....	....	....	79	87
Cancer .....	....	....	....	143	180
Degenerative .....	....	....	....	514	564
Others .....	....	....	....	202	229
		Total	....	938	1,060

In this table : “ Infective ” includes Causes 1-9 and 22, 23 and 27.  
“ Cancer ” includes Causes 10-15.  
“ Degenerative ” includes Causes 16-21 and 29.  
“ Others ” all the rest of the 36 Causes given in the Registrar-General's *short* classification of causes of deaths.



One would imagine as the population ages (and Exeter's population is ageing) the deaths in the age range over 65 years would steadily mount, but this is not so; during the past six years there has been a curious alternation year by year in the number of deaths in this group, but it is too early to say if this has any special significance. The rise in heart disease and circulatory disorders as a cause of death is very striking over the years, but it is worth remembering that the short classification given in this table altered in 1950.

### ACCIDENTAL DEATH.

The Registrar General ascribed 31 deaths (17 males, 14 females) to accidental causes including 7 (6 m., 1 f.) to motor accidents. Falls (and fractures where the cause was not stated on the death certificate) accounted for 11 (2 m., 9 f.); drowning 3 (m.); coal gas poisoning 2 (f.); suffocation in 2 infants (1 m., 1 f.)

9 of the 17 deaths in males were at ages 25 to 45 years while 10 of 14 deaths in females were at ages over 65 years. There were 7 other deaths (2 m., 5 f.) in which a fracture was recorded as an accelerating factor, but were not assigned by the Registrar General as accidental deaths.

### MORTALITY IN CHILD-BEARING AND INFANCY.

The following composite table (IV) gives useful information regarding child-bearing and infancy for the past 20 years :—

**Table IV.**

MORTALITY IN CHILD-BEARING AND INFANCY IN EXETER  
1932 — 1951.

Year	Maternal Deaths	Maternal Mortality Rate	Registered		Live Birth Rate	Stillbirths Rate per 1,000 total births	Neonatal Deaths (i.e. under 1 month)	Deaths over 1 month and under 1 year	Infant Mortality Rate per 1,000 live births	Stillbirths and neonatal deaths
			Live Births	Still-Births						
1932	3	3.02	950	42	14.3	44.2	35	16	53.6	77
1933	3	3.07	940	36	13.9	38.2	23	22	47.8	59
1934	3	2.8	1,021	42	15.1	39.5	27	30	55.8	69
1935	1	0.9	982	41	14.3	40.0	25	8	33.6	66
1936	2	2.09	915	42	13.3	43.9	29	28	62.3	71
1937	1	0.9	980	41	14.1	40.1	34	21	56.1	75
1938	1	0.9	1,010	48	14.6	45.3	32	25	56.4	80
1939	3	3.1	936	37	13.4	38.0	24	16	42.1	61
1940	2	1.8	1,012	37	13.7	33.7	26	15	38.7	63
1941	5	4.1	1,027	35	12.8	32.9	42	37	68.0	77
1942	3	2.7	1,065	31	14.4	29.2	32	21	49.8	63
1943	3	2.8	1,051	35	15.3	32.2	35	16	48.5	70
1944	8	5.8	1,334	36	19.5	26.3	32	27	44.2	63
1945	4	3.1	1,246	29	18.0	23.3	33	37	56.2	66
1946	4	2.7	1,444	42	19.8	28.3	45	25	48.5	67
1947	4	2.7	1,428	34	19.2	23.2	47	35	57.4	81
1948	2	1.5	1,316	42	17.5	30.9	15	9	18.2	57
1949	1	0.8	1,192	31	15.6	25.3	25	5	25.2	56
1950	1	0.9	1,130	22	14.6	19.1	28	8	31.8	50
1951	—*	—	1,098	33	14.4	29.1	24	9	30.0	57

\*But see note below (Maternal Deaths in 1951).



This year saw no records established, a reminder that progress measured in these terms is not inevitable and continuous.

MATERNAL DEATHS IN 1951.

The Registrar General has assigned no deaths to maternal causes but we know that one patient (aged 28) died from pituitary haemorrhage in the puerperium and we know that this is a disease associated with child-bearing and child birth. She was also a diabetic.

INFANTILE MORTALITY.

The Infantile Mortality Rates for 1951 were as follows :—

England and Wales	.....	.....	.....	29.6
126 Great Towns, including London (census populations exceeding 50,000)	.....	.....	.....	33.9
148 Smaller Towns (census population 25,000 to 50,000)	.....	.....	.....	27.6
London	.....	.....	.....	26.4
Exeter	.....	.....	.....	30.0

The following table (V) shows the infantile mortality rate in Exeter for the past ten years compared with the country as a whole :—

Table V.

Year	.....	.....	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
England and Wales	.....	.....	49	49	46	46	43	41	34	32	29	29.6
Exeter	.....	.....	68.0	49.8	48.5	44.2	56.2	48.5	57.4	18.2	25.2	31.8

Of the 33 children who died at ages under 1 year, 24 lived less than four weeks. Table IV (page 16) shews that though the number of these neonatal deaths, as they are called, is declining, it is doing so slowly, whereas the deaths at ages over one month, 9 this year, have shewn a dramatic reduction in the last four years, to about a third of the rate previously experienced.

The infant mortality rate was 30 per 1,000 live births and was much the same as in 1950. Of the 33 children under 1 year of age who died during the year, 24 lived less than 28 days (and in fact less than 14 days). Difficult labour and intracranial haemorrhage, congenital deformity and prematurity accounts for three quarters of these neonatal deaths (as last year) ; lung infection caused 4 of the 9 deaths among the babies over 1 month of age but it should be stated that in 1 other the immediate cause

of death was pneumonia in a child with a congenital diaphragmatic hernia.

The year's experience differs from that of 1950 in two respects :—

- (a) the number of *first* babies who died has dropped considerably ;
- (b) the number of premature babies who died has dropped considerably.

The number of abortions known in the city in 1951 was 43.

### STILLBIRTHS.

The tables (VII and VIII) set out the details of the 32 stillbirths *registered* during the year 1951, including 2 occurring in 1950 but registered in 1951 and excluding 1 occurring in 1951 but registered in 1952. In round figures, two-thirds were of female children, one-third of males. In half the cases the infants were immature (premature), i.e. weighed not more than 5½ lbs. at birth. Half of all the stillbirths were in first pregnancies. Two-thirds of the infants were believed to have been alive at the onset of labour or very shortly before. 11 of the mothers worked during the pregnancy, 5 of them working more than 6 months : one actually worked up to the day of confinement.

Rhesus incompatibility was regarded as a factor in one case, and possibly also in four others (Rhesus negative mothers) here classified as "unknown causes." Seven of the nine attributed to birth injury or long labour were *first* pregnancies.

Two stillbirths were in the smaller infants of twin pregnancies ; in one case (weight 2 lb. 2 oz., dead before labour) syphilis was the cause, the other baby (3 lbs. 9 ozs. at birth) survived and received treatment ; they were not of the same sex and were therefore binovular twins. Presumably, syphilis killed the one and damaged the other. The other case was the second and smaller of binovular twins (although both of the same sex), death being attributed to early separation of the placenta. In 4 of the cases no ante-natal care had been given ; in one, death was due to a birth injury in an illegitimate infant ; in another, the cause of death was unknown, the baby being found dead and no information was available, but presumably, the baby was illegitimate : in the other two, the mothers who had had many children, suffered from marked toxæmia of pregnancy.

As shewn in the table the sum of the stillbirths and neonatal deaths in each year has declined fairly steadily over the last two decades, evidence that the wastage of infant life is lessening ; but we do not know how many pregnancies end before the seventh month as abortions.

**Table VI.**  
**INFANT DEATHS IN 1951**

Cause of Death.	Total	Neonatal		1st Year		M.	F.	Leg.	Illeg.	Post Mortem	PREMATURE	Complications in pregnancy.	Complications of labour.	Social circumstances unsatisfactory.	Place in family.									Housing unsatisfactory.
		Under 1 day	1-27 days	1-3 months	3-12 months										1st.	2nd.	3rd.	4th.	5th.	6th.	7th.	8th. or over	Not known	
Difficult Labour and Inter Cranial Haemorrhage .....	7	3	4	—	—	4	3	6	1	4	1	2	5	—	4	3	—	—	—	—	—	—	—	—
Conceital Abnormality ...	5	1	2	—	2	3	2	4	1	3	—	—	1	—	2	2	1	—	—	—	—	—	—	—
Prematurity only .....	8	5	3	—	—	4	4	6	2	1	8	7	4	1	4	2	1	1	—	—	—	—	—	—
Lung Infection ..	5	—	1	2	2	3	2	4	1	3	—	—	—	2	—	1	1	1	—	—	—	2	—	—
Atelectasis ..	3	2	1	—	—	2	1	2	1	2	—	1	3	1	1	—	—	—	1	—	1	—	—	—
Accidental Asphyxia ..	2	—	—	2	—	1	1	2	—	1	—	—	—	—	—	2	—	—	—	—	—	—	—	—
Rhesus Incompatibility	2	—	2	—	—	2	—	2	—	2	—	—	—	—	—	1	1	—	—	—	—	—	—	—
Peritonitis follow'g Intussusception of Meckel's Diverticulum ...	1	—	—	—	1	1	—	1	—	1	—	—	—	1	—	—	—	1	—	—	—	—	—	—
TOTALS .....	33	11	13	4	5	20	13	27	6	17	9	10	13	5	11	11	4	3	1	—	1	2	—	—





**Table VII.**  
**STILLBIRTHS.**

			SEX						CAUSES						
	WEIGHT		Male	Female	Home Delivery	Hospital Delivery	Presumed died before Labour (Macerated)	Congenital Abnormality	Birth Injury	Long Labour	Cord Compression	Toxaemia	Various	Unknown	
PREMATURE	3½ lbs. or under	.....	4	4	2	6	4	1	1	—	—	1	1	1	
	3½—5½ lbs.	.....	2	6	2	6	4	—	—	—	1	3	3	2	
FULL-TERM	OVER 5½ lbs.	.....	5	10	6	9	2	—	4	4	2	2	—	2	
	Unknown	.....	—	1	—	1	—	—	—	—	—	—	—	1	
	TOTALS	...	11	21	10	22	10	4	5	4	3	6	4	6	

Table VIII.

CAUSE OF STILLBIRTH	NUMBER OF THE PREGNANCY						
	First	2	3	4	5	6 and over	Unknown
CONGENITAL ABNORMALITY .....	1	—	2	1	—	—	—
LONG LABOUR AND BIRTH INJURIES .....	7	1	1	—	—	—	—
CORD COMPRESSION .....	2	—	—	1	—	—	—
TOXAEMIA .....	3	—	1	—	—	2	—
VARIOUS .....	—	—	—	1	—	3	—
UNKNOWN .....	2	—	—	2	—	1	1
TOTAL .....	15	1	4	5	—	6	1

## CANCER.

### CANCER EDUCATION.

The South Western Regional Hospital Board and Hospital Management Committees and Local Health Authorities have met to discuss common action in cancer education through the south-western region. The Health Committee discussed the matter on a number of occasions and finally decided in 1952 to initiate cancer education, limited in approach, to women's organisations, and limited in content to cancer of the breast and womb, which are both accessible sites; in such cancers early diagnosis is generally possible and early treatment is manifestly desirable.

Cancer education should be part of general health education; it should be careful in its approach so as not to arouse an unnecessary fear of the disease; it should be directed generally and not to limited groups (though the latter approach may have to be made in the initial phase); it must be limited to those sites in which the active participation of the patient is material—i.e. accessible sites where the patient can be expected to be aware early that something is amiss, e.g. the breast, the womb, and the mouth; it should stress the advances in treatment and anaesthesia which makes operations now neither frightening nor painful, though it is still hard to conquer fear of the unknown, which an operation represents to most people; and it should shew the steadily improving outlook for these patients provided early treatment is obtained. It is an obvious corollary that early diagnosis should be followed by early treatment and that no delay in hospital admissions should be allowed.

### CANCER STATISTICS.

The following table (IX) shews deaths from cancer during the past ten years :—

**Table IX.**

Year .....	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Deaths .....	142	116	143	114	129	128	151	152	143	180

By the courtesy of Mr. Duncan Wood, I am able to include the figures for new registrations of cancer in Exeter residents during 1951; they include all cases seen in hospitals and though not necessarily including all cases that occur, it can be reasonably assumed that the great majority are registered. It is curious that the registrations should be so many fewer than the deaths, but it will be seen that the older patients dying greatly outnumber those registered.

The age groups 60 and over include 62% of all cases registered and 72% of all deaths. If we limit consideration to the over 70's we find 33% of all cases registered and 44% of all the cancer deaths are in this group (Tables X, XI and XII). Cancer is clearly a disease of later life and very often it is not painful at all. In

old persons it may be wise to leave well alone but in the younger every effort to cure the disease is worth while, and that means getting the cases early under care.

The lung cancers registered shewed a decline in the men and an increase in women as compared with the numbers in 1950 : fortunately the figures are small, but that means the significance of changes statistically is less.

**Table X.**

**NEW CANCER CASES IN EXETER RESIDENTS  
REPORTED IN 1951.**

AGE.	SITE.								Totals
	Mouth and Throat	Stomach Bowel and Peritoneum etc.	Respiratory System	Breast	Genital Organs including Uterus	Skin	Lymphatic Blood forming Organs	Other and Unspecified	
MALE PATIENTS.									
0—19	—	—	—	—	—	—	—	—	—
20—29	1	—	—	—	—	—	—	—	1
30—39	1	1	—	—	1	—	1	—	4
40—49	2	1	1	—	1	—	1	1	7
50—59	1	4	1	—	—	2	—	—	8
60—69	—	3	2	—	4	8	2	—	19
70 and over	3	1	—	—	1	6	2	—	13
TOTAL .....	8	10	4	—	7	16	6	1	52
FEMALE PATIENTS.									
0—19	—	—	—	—	—	—	—	—	—
20—29	—	—	—	—	—	—	2	—	2
30—39	—	—	—	—	3	—	1	1	5
40—49	—	2	—	8	2	1	—	—	13
50—59	—	—	1	2	4	—	—	—	7
60—69	1	1	—	8	3	2	1	2	18
70 and over	2	5	—	7	5	9	—	—	28
TOTAL .....	3	8	1	25	17	12	4	3	73



This table shews the great significance of breast cancers in women and skin cancers in both men and women. Both are not difficult of recognition and the patient generally knows quite early that something is amiss.

The next table shew the deaths during the year set out in the classification adopted by the regional cancer organisation ; this is different from that used by the Registrar General which is set out also for completeness. But the number assigned in my office (176) is 4 less than that assigned by the Registrar General (for whose figures see table II, page 14) who has more information than I have about the cases. In 5 deaths cancer was regarded as a secondary but not a direct cause of death ; they are not included in the tables.

**Table XI.**

## CANCER DEATHS IN EXETER RESIDENTS IN 1951

### REGIONAL CANCER ORGANISATION'S CLASSIFICATION.

AGE.	Mouth and Throat	Stomach and Digest- ive	Respira- tory System	Breast	Genito Urinary System	Skin	Lym- phatic	Other and unspec- ified Sites	Totals
MALE.									
0—19	—	—	—	—	—	—	—	1	1
20—29	—	1	—	—	—	—	—	—	1
30—39	—	1	—	—	—	—	2	—	3
40—49	—	3	4	—	1	—	—	2	10
50—59	—	2	6	1	1	—	—	2	12
60—69	2	11	7	—	9	1	—	3	33
70 and over	3	14	3	—	8	—	1	3	32
TOTAL .....	5	32	20	1	19	1	3	11	92
FEMALE.									
0—19	—	—	—	—	—	—	—	—	—
20—29	—	—	—	—	—	—	—	—	—
30—39	—	—	—	—	2	—	—	—	2
40—49	—	2	1	3	1	—	—	—	7
50—59	—	3	2	1	4	—	2	1	13
60—69	—	4	1	5	5	—	—	1	16
70 and over	—	25	2	12	7	—	—	—	46
TOTAL .....	—	34	6	21	19	—	2	2	84

Table XII.

CANCER DEATHS 1951—  
REGISTRAR-GENERAL'S CLASSIFICATION.

AGE.	Stomach	Lung and Bronchus	Breast	Uterus (Womb)	Blood Forming Organs	Other and Lymphatic	All Sites
MALES							
0—14	—	—	—	—	—	—	—
15—24	—	—	—	—	—	—	—
25—44	2	2	—	—	—	6	10
45—64	3	9	1	—	1	19	33
65—74	4	6	—	—	—	22	32
75 and over	4	—	—	—	—	13	17
TOTAL .....	13	17	1	—	1	60	92
FEMALES							
0—14	—	—	—	—	—	—	—
15—24	—	—	—	—	—	—	—
25—44	—	—	—	—	—	4	4
45—64	4	2	6	3	1	11	27
65—74	4	1	10	3	—	8	26
75 and over	7	1	5	2	—	16	31
TOTAL .....	15	4	21	8	1	39	88

PUBLIC HEALTH ACT, 1936 — SECTIONS 187—195.  
REGISTRATION AND INSPECTION OF NURSING  
HOMES.

<i>Registered Nursing Homes.</i>	<i>Beds.</i>
Argyll Road, Duryard (medical) .....	6
Belmont, 1, Baring Crescent (surgical) .....	9
Pennsylvania Nursing Home, 9, Powderham Crescent (medical) .....	10
Southcroft, 87, Heavitree Road (medical) .....	4
St. David's, 31, St. David's Hill (medical and surgical)	11
St. Olave's, 32, Bartholomew Street (Diocesan Society for Girls) .....	4

NURSES ACTS 1943 & 1945—  
NURSES AGENCIES REGULATIONS.

*Registered Agencies (at the end of the year).*

Exeter Trained Nurses Co-operation, 7, Colleton Crescent.

Exeter Nurses Co-operation, 52, St. David's Hill.

LABORATORY WORK.

The public health laboratory service carries out the great majority of bacteriological investigations in connection with the diagnosis and control of infectious disease, (to mention but a few of the positive findings, *sonne* dysentery was isolated in 72 cases, *S. Paratyphoid* in 4 cases, *S. Typhimurium* in 1 case, in Exeter persons) ; also examinations of the public water supply in the city (though the Surveyor's department carries out directly examination of a number of samples of the water before and during treatment) ; also the relevant examinations in respect of employees at the water works who might be working in close contact with the public supplies see page 28) ; and also the bacteriological and biological examinations of milk samples, (see page 36). The pathological department of the Royal Devon and Exeter Hospital carries out the serological examinations of blood of expectant mothers which are so essential in the effective management of the ante-natal period. All expectant mothers, whether attending the city ante-natal clinics or not, can have this examination made, which besides revealing constitutional disease, also decides the blood group in the event of blood transfusions being necessary, and whether there is any probable risk of severe jaundice or certain other grave illness in the new born infant, in the correction and prevention of which more and more knowledge is being obtained. 701 mothers were examined during 1951 (see page 70), a number equivalent to 62% of total births during the year.

I must thank Dr. B. Moore, Director of the Public Health Laboratory Service in Exeter and Dr. Stewart Smith, Area Pathologist at the Royal Devon and Exeter Hospital, whose help has been quite invaluable.



## SANITARY CIRCUMSTANCES.

### WATER.

#### PUBLIC WATER SUPPLY.

I am indebted to the City Engineer and Surveyor, Mr. J. Brierley, for much of the following account of the city water supply.

The water supplied to the city and certain neighbouring authorities is river water purified in the Council's Waterworks. An estimated population of just over 81,000 is supplied of whom 1,500 take the supply in bulk, and the average consumption is 47 gallons per day.

In September 1951 "breakpoint" chlorination was adopted as the process for sterilising the water instead of the usual ammonia-chlorine treatment. The average dosage of chlorine was 2.20 parts per million ; of lime .39 grains per gallon ; and of alumina .66 grains per gallon. The chlorine is now applied to the raw water before it enters the settling tanks instead of after filtration as was formerly the practice. The results so far have been very promising, and though the process has not yet been in use during summer time, the City Engineer expects that it will prove just as successful during the warmer months.

The sequence of treatment is now as follows :— River Exe→intake near Stoke Canon→pipe line to Waterworks→addition of alumina, and chlorination→sedimentation→pressure-filtration→further chlorination (if necessary)→adjustment of alkalinity by adding lime water→filtered water reservoir→pumping to services reservoir→gravitation through mains and services→consumer.

Further chlorination after filtration has so far not proved necessary as it has been possible to maintain a chlorine residual throughout the sedimentation and filtration periods.

The water supplied to the area has been satisfactory in quality and quantity. There was no form of contamination calling for action apart from the flushing of "dead-end" mains in the distribution system.

Bacteriological examinations have been made of both the raw water and the water going into supply, the Public Health Laboratory Service (Director—Dr. B. Moore) examining 143 samples of the water going in to supply ; of these, 123 were found to be in Class I of the Ministry of Health's classification : a treated supply should generally be in Class I, i.e. without any presumptive B. Coli found in 100 millilitres of water. Investiga-



**Table XIII.**

**EXETER PUBLIC WATER SUPPLY.**

BACTERIOLOGICAL ANALYSES OF SAMPLES TAKEN IN 1951 : EXAMINED BY PUBLIC HEALTH LABORATORY SERVICE.

		Presumptive B. Coli count per 100 millilitres					
		No. of Samples	0	1-2	3-10	11-50	50+
(a)	AT WORKS	65	62	2	1	—	—
(b)	ON CONSUMERS' SUPPLY :	31	23	3	2	3	—
	DANES CASTLE RESERVOIR ZONE						
	MARYPOLE HEAD	25	18	—	2	5	—
	BARLEY LANE	8	7	—	1	—	—
	INTERMEDIATE	15	14	—	—	1	—
	PARK LANE	2	1	1	—	—	—
(c)	OTHERS :— BUILDING SITES, ETC.	5	—	—	1	4	1
	TOTAL	152	125	6	7	13	1

tion and usually further sampling is carried out when samples do not reach this standard.

The Council's Sewage Works Manager and Chemist (Mr. Hoyle) made 5 chemical analyses of both the raw and filtered waters and 4 bacteriological examinations of the raw water and 4 of the filtered water, details of which are given below.

The water is treated with lime before going into supply to inhibit any plumbo-solvency.

Of 5 samples of the raw water examined by Mr. Hoyle, only one showed traces of plumbo-solvent action. He also made 5 examinations of the water going into supply and none of these had any plumbo-solvent action.

Examinations by Sewage Works Laboratory Staff :—

RAW WATER :—

No. of Samples in categories ....	Bacillus Coli Communis per 100 millilitres			
	0-50	50-100	100+	Present in 1 c.c.
	—	1	2	4

FILTERED WATER :—

No. of Samples ....	Bacillus Coli Communis None in 100 c.c.
	7

The Public Analyst made 4 chemical analyses of the raw water and 4 bacteriological examinations of both the raw and filtered waters, and illustrative results are set out.

EXAMINATION OF WORKMEN.

17 men engaged on duties in connection with the water undertaking (e.g. mains and services) were examined to exclude the risk of employing a carrier of the serious intestinal infections in such an occupation. The City Surveyor and I collaborated in regard to the precautions necessary in the new connection work undertaken at the Waterworks during the year so as to preclude the risk of contamination of the supply.

DETAILED ANALYSES OF RAW AND FILTERED WATER ARE SET OUT BELOW.

RESULTS EXPRESSED IN PARTS PER 100,000.				
	15.3.51		30.11.51.	
	Raw.	Filtered.	Raw.	Filtered.
	Pale green tint, clear, some suspended matter, odourless.	Colourless, free from taste.	Colourless, clear, some suspended matter.	Colourless, free from taste.
Chlorine as Chlorides	2.6	2.90	2.20	2.30
Nitrogen as Nitrites	Nil.	Nil.	Nil.	Nil.
Nitrogen as Nitrates	0.20	0.134	0.144	0.120
Nitrogen as Free and Saline Ammonia	0.004	0.0075	0.020	0.012
Nitrogen as Albuminoid Ammonia	0.005	0.001	0.014	0.007
Total Hardness	5.8	6.7	5.50	5.80
Temporary Hardness	1.5	2.1	4.00	4.00
Permanent Hardness	4.3	4.6	1.50	1.80
Total Solids	14.40	11.00	12.20	13.00
Suspended Solids	4.40	Nil.	1.20	Nil.
Solution Solids	10.00	11.00	11.00	13.00
Oxygen absorbed in 4 hours at 27 degrees C.	0.10	0.06	0.144	0.06
pH.	7.0	7.3	7.1	7.4
Chlorine as Free Chlorine (in parts per million)	—	.20	—	0.20
Plumbo Solvency	Nil.	Nil.	Nil.	Nil.



## PRIVATE DOMESTIC WATER SUPPLIES.

A survey of the wells used for drinking water supplies in the city was made during the year. None of the wells used by commercial undertakings supplied water used in the actual preparation of food or drink for sale for human consumption. One of these "commercial" wells was used for drinking water (among other purposes), but this was found satisfactory.

Number of known wells in the City used for domestic purposes	....	....	....	....	25
These are situated :					
in the Northern District	....	....			16
in the Eastern District	....	....			4
in the Western District	....	....			5
in the Central District	....	....			0
Number of persons supplied	....	....	....		104

A sample of water from each of these wells was taken by the sanitary inspectors and examined by the Public Health Laboratory Service. The results were as follows :—

<i>Presumptive Coliform.</i> <i>Count per 100 ml.</i>	<i>Supplying :</i>		
	<i>Dwellinghouses</i>	<i>Dairy</i>	<i>Farms : Others</i>
Less than 1	6	1	—
1 — 10	—	—	1
11 — 50	3	—	—
50+	11	5	1

In all cases where the sample proved to have an unsatisfactory Coliform count, a letter was sent to the occupiers advising them to boil all water used for drinking purposes. The local conditions about the wells were all regarded as satisfactory ; in many we do not know whether the well is technically a deep well or not.

A metafilter has been installed in one of the dwellinghouses where the water sample returned a high Coliform count and a subsequent sample from this source proved, after filtration, to be highly satisfactory.

In the case of one dwelling, a mains supply will be installed soon. In another, the cost of a mains supply is prohibitive, due to the distance of the house from the main ; and in a third, a water-main has been laid near the dwelling and the owner has been advised to make a connection to the house. In the remaining twenty-four cases, it is impracticable at the moment to obtain a mains supply.

## SEWAGE AND SEWERAGE.

The City Surveyor has kindly given me the following note :—

Some portions of old brick barrel sewers have been replaced by stoneware or concrete pipes. New foul and surface water sewers have been constructed in the Central Areas, replacing the old sewerage systems. Drainage systems were also provided for the new housing estate at George's Chapel Fields and Whipton Barton, and for the Council Trading Estate at Pinhoe. An underdrainage system was provided for Exhibition Fields.

# ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR FOR THE YEAR 1951.

## SANITARY ADMINISTRATION

### *General Summary.*

Number of visits made during the year .....	11,444
Number of samples taken .....	1,135
Number of carcasses inspected .....	38,424
Total weight of foodstuffs condemned .....	142 tons

## SUPERVISION OF FOOD SUPPLIES.

### 1.—*Hygiene in Food Premises.*

#### *Introduction.*

During the year, the inspectorate continued to devote a great deal of time to the supervision of premises where foodstuffs are handled, and particular attention was paid to restaurant and hotel kitchens; public houses, and fish-mongers', butchers' and grocers' shops.

The improvements so far effected are detailed later, but the survey of public houses is not yet complete, so that our problems in this field have not yet been evaluated.

I regret to record that the byelaws, which the City Council adopted "to secure the observance of cleanly conditions and practices in connection with the handling, wrapping and delivery of food," have not proved as helpful as anticipated. With regard to the sale of food in the open air, we soon found that difficulties arose in practice, because of the interpretation by the local bench of magistrates of the words "contamination" and "risk of contamination."

As a result, the object of the byelaws cannot be fully achieved and this difficulty has been brought to the notice of the Ministry of Food.

Further codes of practice, based on the byelaws, have been evolved and the codes agreed with the representatives of the butchers and ice-cream vendors are included as Appendices "A" and "B."

The total number of visits made to food premises, excluding works' canteens, bakehouses, fried fish shops and ice-cream factories, was 625.

#### *Butchers' and Cooked Meat Shops.*

These were inspected on an average, six times each during the year. It was intended that they should be visited at

least once a month, but pressure of other work prevented more frequent inspections.

The following improvements were effected :—

Refrigerated display units provided	....	....	1
Premises where Perspex covers provided	....	....	2
Glass screens or cases provided	....	....	4
Hot water supply installed and/or sink fitted	....	....	2
Metal-topped cutting-up table provided	....	....	1
Premises redecorated	....	....	2

### *Markets.*

There is one market in the city where fruit, vegetables, etc., are sold and 70 inspections were made during the year.

Following our representations, better facilities were provided for the washing of empty fish boxes.

### *Mobile Canteens.*

There are two mobile canteens known to be operating in the city and one of them causes us a great deal of concern. Frequent and regular inspections are made in order to ensure the observance of the enactments relating to foodstuffs, and experience has shewn that the law should be strengthened.

### *General.*

Improvements effected in other food premises are as follows :—

#### *Wet-Fish Mongers' Shops.*

Refrigerated display units installed	....	....	2
Glass screens fitted over slabs	....	....	4
Shop fronts screened	....	....	2
Premises redecorated	....	....	1

#### *Grocers' and Greengrocers' Shops.*

Glass screens, cases, etc., provided	....	....	52
Hot water supplies installed and/or sinks fitted	....	....	15
Vegetable stands provided	....	....	25
Premises redecorated	....	....	7
Floors repaired	....	....	3
Walls repaired	....	....	2

#### *Fried Fish Shops.*

Walls rendered and lined with metal sheeting	....	....	1
Hot water supplies installed	....	....	2

#### *Bakehouses.*

Limewashed and cleansed	....	....	1
Sink provided	....	....	1

#### *Canteens.*

New sink provided	....	....	1
-------------------	------	------	---

#### *Cafes.*

Walls lined and painted	....	....	1
-------------------------	------	------	---

#### *Bakers' Shops.*

Hot water supply installed	....	....	1
Limewashed and cleansed	....	....	1



2.—*Meat.*(i) *Abattoir.*

The abattoir continues to serve the needs of a wide area and all animals killed there were examined by the inspectors. The slaughtering facilities are still unsatisfactory.

Some 130 tons of meat and offal were condemned as unfit for human consumption and particulars of the reasons for condemnation are set out, in the form prescribed by the Ministry of Health, in the table below :—

**Table XIV.**

*Record of Animals examined at the Municipal Abattoir :*

		<i>Beasts.</i>	<i>Calves.</i>	<i>Sheep and Lambs.</i>	<i>Pigs.</i>
Number slaughtered	....	6,537	8,104	21,297	2,157
Number inspected	....	6,540	8,110	21,550	2,224
<i>Diseases except Tuberculosis</i>					
Whole carcasses condemned		62	108	319	47
Carcasses of which some part or organ was condemned....		3,684	136	4,409	384
Percentage of number in- spected affected with dis- ease other than tubercu- losis	....	57.3	3.0	21.9	19.4
<i>Tuberculosis</i>					
Whole carcasses condemned		111	26	—	22
Carcasses of which some part or organ was condemned....		967	2	—	146
Percentage of number in- spected affected with tuberculosis	....	16.5	0.34	—	7.5

(ii) *Congenital Tuberculosis in Calves.*

During the year, 26 calves were found to be affected with congenital tuberculosis, as opposed to 25 in 1950 : an incidence of 0.32 per cent.

The Animal Health Division of the Ministry of Agriculture and Fisheries again collaborated in an endeavour to trace the dams, but, unfortunately, only fourteen were traced and slaughtered under the Tuberculosis Order, 1938.

It proved impossible to trace the dams of the remaining twelve calves, mainly because the calves had passed through the hands of various dealers.

(iii) *Cysticercus Bovis*.

This is the cystic stage of a tapeworm, *Taenia Saginata*, which is transmissible to man, and the regular examination of all beef carcasses for this parasite was continued during the year.

Four were found to be infected.

(iv) *Lymphatic Leukaemia*.

A somewhat unusual and interesting disease came to our notice during the year.

A Friesian heifer, aged three years, was found to be affected with Lymphatic Leukaemia. It was in fair condition when brought to the abattoir, but we were informed by the veterinary officer who had attended her that she had deteriorated considerably during the three weeks before slaughter.

An ante-mortem inspection showed that the parotid and precrural nodes were particularly enlarged—each of the precrural nodes protruding like a tennis ball.

The post-mortem findings were as follows :—

*Head*—all the lymphatic nodes were considerably enlarged, the parotid being about the size of duck-eggs.

*Lungs*—all lymphatic nodes enlarged, but the lung substance appeared normal.

*Liver*—very much enlarged (weight 67 lbs.), very pale and friable, with white patches and marked accentuation of the interlobular tissue.

*Kidneys*—approximately three times the normal size; a mottled grey in colour, and showing evidence of nephritis; the renal node was about the size of a golf ball.

*Spleen*—weighed three times as much as a normal spleen, being both thicker and longer.

*Blood*—paler than normal and very watery.

*Lymphatic Nodes*—generally very much enlarged and oedematous.

*Bone Marrow*—appeared normal.

In order to confirm the diagnosis, blood smears were taken and sent to the Public Health Laboratory; their report was as follows :—

“ Stained blood smears from the animal showed enormous numbers of mono-nuclear white cells, the majority of which were primitive in type. This finding confirms the diagnosis of leukaemia ”

(v) *Tubercular Bull from Artificial Insemination Centre.*

In October, a bull from the nearby artificial insemination centre was slaughtered in our abattoir and the post-mortem examination revealed tuberculosis lesions in the following lymphatic nodes :

- (a) left bronchial,
- (b) right bronchial,
- (c) anterior mediastinal; and
- (d) right precrural.

The bull was a pedigree Guernsey, about eight years old and we were informed it was slaughtered because of its age and because it had served its purpose.

It appeared the bull had been subjected to the tuberculin test every six months and had given a negative reaction.

The tuberculin test is considered to be about 99 per cent. efficient, but this incident indicates the desirability of some further tests being evolved for bulls being used at artificial insemination centres.

(vi) *Meat Transport.*

The vehicles used for the transportation of meat were regularly inspected and were found, in the main, to be satisfactory.

The cleanliness of the clothing of the personnel employed in this work was not satisfactory and towards the end of the year representations were made to the South-Western Wholesale Meat Supply Association who have promised that caps and aprons will now be changed twice weekly and that instructions will be issued to the men to wipe down frequently their oilskin capes and aprons.

3.—*Milk.*

About 90 per cent. of the milk sold in the city is pasteurized and very little raw undesignated milk is consumed. All children attending schools under the control of the city education authority are supplied with pasteurized milk.

(a) *Quality (Composition).*

The average composition of the milk sampled in the city during 1951 was : fat 3.72 per cent., solids-not-fat 8.85 per cent., as compared with an average during 1950 of : fat 3.69 per cent., solids-not-fat 8.93 per cent.

The average fat and solids-not-fat content of the various grades of milk sampled proved to be as follows :

<i>Classification.</i>	<i>Fat</i> (per cent.)	<i>Non-fatty solids.</i> (per cent.)
T.T. (Farm Bottled) (12 samples)	4.06	9.15
T.T. (Channel Island) (10 samples)	4.65	9.22
T.T. (47 samples) ....	3.76	8.77
Pasteurized (23 samples) ....	3.51	8.85
Ungraded (83 samples) ....	3.6	8.8



(b) *Bacterial Quality.*

The Public Health Laboratory Service undertakes the bacterial examination of milk samples and an analysis of the samples taken during 1951 indicates a continued high standard, as shewn by the following :

*School Milks (Pasteurized).*

Number of samples taken	....	....	....	47
Number of samples satisfactory	....	....	....	45

*Designated Milks, other than School Milks.*(i) *Pasteurized Milk.*

Number of samples taken	....	....	....	68
Number of samples satisfactory	....	....	....	68

(ii) *Tuberculin Tested Milk.*

Number of samples taken	....	....	....	128
Number of samples satisfactory	....	....	....	123

(iii) *Tuberculin Tested (Farm Bottled) Milk.*

Number of samples taken	....	....	....	143
Number of samples satisfactory	....	....	....	137

(iv) *Tuberculin Tested (Pasteurized) Milk.*

Number of samples taken	....	....	....	36
Number of samples satisfactory	....	....	....	36

(v) *Tuberculin Tested (Channel Island) (Pasteurized) Milk.*

Number of samples taken	....	....	....	11
Number of samples satisfactory	....	....	....	11

(c) *Biological Tests for Tubercle Bacilli.*

All pasteurized milks and all undesignated milks consumed raw in the city are tested quarterly for the presence of tubercle bacilli. Other milks are tested half-yearly.

During the year, 57 undesignated and 65 designated milks were sampled in this connection and all samples proved negative.

*Dairies.*

426 visits were made to the dairies and improved washing facilities were provided at three premises.

*Cream.*

On 30th April, 1951, the Foods Standards (Cream) Order, 1951, came into operation and the following standards for cream were prescribed :

Cream (including "single cream," "fruit cream" or "coffee cream.")	....	....	Not less than 18% milk fat.
Double or thick cream and clotted cream	....		Not less than 48% milk fat.
Sterilized cream	....	....	Not less than 23% milk fat.

The sale of cream was permitted from 5th May, 1951, to 2nd July, 1951, and during this period two samples of clotted cream were taken. Both were well above the legal standard, one containing 71 per cent. milk fat and the other 58 per cent. milk fat.

#### 4.—Ice-Cream.

138 samples of ice-cream were taken during the year, and when graded, according to the standards (bacteriological) suggested by the Ministry of Health, shew a continued improvement since the standards were formulated :

		1948	1949	1950	1951
			(percentages).		
Grade 1—Satisfactory	....	61	64	69	72
Grade 2—Satisfactory	....	23	22	17	7
Grade 3—Unsatisfactory	....	11	9	10	7
Grade 4—Unsatisfactory	....	5	5	4	14

*Grading of ice-cream according to method of manufacture :*

				1951	
				Hot Mix.	Cold Mix.
				(93 samples)	(45 samples)
				(percentages).	
Grade 1.	....	....	....	70	78
Grade 2.	....	....	....	9	2
Grade 3.	....	....	....	5	11
Grade 4.	....	....	....	16	9

#### *Quality (Composition).*

On the 1st March, 1951, the Food Standards (Ice-Cream) Order, 1951, came into operation. This prescribes a standard for ice-cream of : fat 5 per cent., sugar 10 per cent. and other solids-not-fat 7.5 per cent. The average composition of the ice-cream sold in the city proved much better, viz. : fat 8.26 per cent., and solids-not-fat, 22.2 per cent.

#### *Manufacturers' Premises.*

There are eleven premises in the city where ice-cream is manufactured. These were visited on an average once per month and conditions generally were satisfactory.

#### *Sale of Ice-Cream from Vans, etc.*

With one exception, all traders selling ice-cream in the street use barrows, movable kiosks or vans which are equipped with sinks and hot and cold water supplies.

All street vendors use an approved sterilizing agent in the water used for washing servers, etc., and the six samples of rinse water taken during the year proved satisfactory.

### 5.—*Food and Drugs Act, 1938—Sampling.*

During the year, 177 samples of milk and 73 samples of other foods were procured : a total of 250. 47 were formal and 203 informal, and the table (Appendix “ C ”) shews the various commodities sampled.

Twenty samples of milk (from nine producers) ; two of ice-cream, and one of pork sausages, proved below standard. In the case of the milks, appeal to the herd samples taken in the case of three producers shewed that the milk had been sold as it came from the cow. In the case of four producers, the “ follow-up ” formal sample proved genuine, and in the remaining two cases, one producer was warned and the other prosecuted and fined £5 0s. 0d., with £4 4s. 0d. costs, for selling milk containing five per cent. added water. The two ice-cream samples, one informal and one formal, were procured from the same manufacturer and the deficiencies in fat were ten per cent. and fourteen per cent. respectively. The vendor was prosecuted and fined £5 0s. 0d. The sample of pork sausage was sixteen per cent. deficient in meat and this was referred to the Ministry of Food who sent a warning letter to the maker.

### 6.—*Watercress.*

Five samples of watercress were taken during the year. In four cases the bacteriological report was unsatisfactory and warning letters were sent to the vendors.

### 7.—*Washing Facilities in Public Conveniences.*

It is right and proper that the person who desires a “ wash-and-brush-up ” should pay for the service provided, but the routine use of the wash-basin after using the toilet (which we are trying to instil into the public) should, in my opinion, be free.

Free washing facilities will prove particularly useful for the itinerant vendor of foodstuffs—a form of service which appears to be increasing.

It is pleasing to record that in the new conveniences being erected behind Messrs. Colson's premises, free washing facilities will be available, and we look forward to seeing this privilege being provided in other parts of the city.

### 8.—*Labelling of Food Order, 1950.*

Throughout the year we examined the labels of numerous commodities to ascertain if they met the requirements of this Order, and the labelling of Yoghourt and certain Tonic Wines was taken up with the Ministry of Food.

Some of these labels had already been approved by the Ministry, but, following our representations, certain of the



labels will ultimately be altered and other of our representations have been noted for consideration when the Labelling of Food Order is redrafted.

## HOUSING.

### 1.—*Statement of Housing Inspections carried out under the Housing (Consolidated) Regulations, 1925 and 1932.*

*Remedy of Defects during the year without the service of Formal Notices :*

Number of dwellinghouses rendered fit in consequence of informal action .....		104
(A) <i>Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936.</i>		
(1)	Number of dwellinghouses in respect of which Formal Notices were served requiring repairs	4
(2)	Number of dwellinghouses which were rendered fit after service of Formal Notices :—	
(a)	By owners .....	4
(b)	By Local Authority in default of owners	—
(B) <i>Proceedings under Public Health Acts.</i>		
(1)	Number of dwellinghouses in respect of which notices were served requiring defects to be remedied .....	—
(2)	Number of dwellinghouses in which defects were remedied after service of Formal Notices :—	
(a)	By owners .....	—
(b)	By Local Authority in default of owners	—
(C) <i>Proceedings under Sections 11 and 13 of the Housing Act, 1936.</i>		
(1)	Number of dwellinghouses in respect of which Demolition Orders were made .....	4
(2)	Number of dwellinghouses demolished in pursuance of Demolition Orders .....	12
(3)	Number of dwellinghouses rendered fit in consequence of undertaking given by owner .....	1
(4)	Number of dwellinghouses in respect of which undertaking from owners accepted not to re-let houses for human habitation .....	3
(D) <i>Proceedings under Section 12 of the Housing Act, 1936.</i>		
(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made .....	4
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .....	—

(E) <i>Housing Act, 1936—Overcrowding.</i>	
(1) (a) Number of dwellings known to be overcrowded at the end of the year .....	56
(b) Number of families dwelling therein .....	75
(c) Number of persons .....	396
(2) Number of new cases reported during the year .....	43
(3) (a) Number of cases of overcrowding relieved during the year .....	35
(b) Number of persons concerned in such cases .....	228
(4) Particulars of any cases in which dwellinghouses again became overcrowded after the Local Authority had taken steps for the abatement of overcrowding .....	1

## 2.—*Rent and Mortgage Interest Restriction Acts.*

We received no applications for certificates of disrepair under the provisions of these Acts during the year under review.

## 3.—*Rodent Control.*

We investigated 418 complaints and carried out 771 treatments. These were made up as follows :—

Business premises .....	244
Private premises .....	412
Local authority premises .....	115

In addition, two maintenance treatments were carried out on the sewers.

## 4.—*Smoke Nuisances.*

During the year, investigations were conducted in four cases where complaints had been received of nuisances arising from smoke, grit and fumes ; all were satisfactorily dealt with.

## 5.—*Plans of New Buildings.*

We continue to collaborate very closely with the City Architect's department on the perusal of the plans of new buildings and 137 sets of plans were examined during the year.

#### 6.—*Removal of Household Refuse.*

Further consideration has been given to the vexed question of which person is responsible for the provision of bins for the storage of household refuse.

The general purposes sub-committee of the Health Committee decided not to accept the recommendation that the bins should be provided by the corporation and become a charge on the general rate and decided that in the event of the failure of informal action by myself, the committee would decide each case on its merits.

So far, informal action has proved entirely satisfactory and sixty new bins have been provided.

#### 7.—*Cesspools, etc.*

During the year, eight houses with septic tanks and four houses with cesspools were connected to the sewer.

#### 8.—*Caravan Site.*

There is only one approved site in the city for caravans and this is developing in a satisfactory manner.

The site comprises three acres and the total number of caravans permitted is fifty-eight.

At the moment there are twenty-four occupier-owned caravans sited, each one on a concrete standing measuring 22 feet by 12 feet.

Owing to building restrictions, only two of the three sanitary blocks are erected and these provide the following accommodation :—

*Females :*

2 water closets, one wash-basin and a shower in one block, and 3 water closets, one wash-basin and a shower in another block ;

*Males :*

1 water closet, 1 urinal, 1 wash-basin and a shower in one block, and 2 water closets, 1 urinal, 1 wash-basin and a shower in another block.

The third block of conveniences will provide an additional two water closets, one wash-basin and a shower, for females, and two water closets, one urinal, one wash-basin and a shower, for males.

A washing room will be incorporated and the provision of two or three " Bendix " -type washing machines is being considered.

The owner of the land has a resident warden on the site and encourages the planting of flowers, etc.



## FERTILIZERS AND FEEDING STUFFS ACT, 1926.

*Samples.*

The following samples were taken :—

*Fertilizers.*

Fish Manure.

National Growmore Fertilizer.

Fish Meal.

Basic Slag.

*Feeding Stuffs.*

Milk Equivalent No. 7a.

Dairy Nuts.

In the case of the fish meal, there was no statutory statement supplied as required by law, and the verbal statement given was inaccurate and inadequate. A warning letter was sent to the manufacturer by the Town Clerk.

In the case of the dairy nuts, the percentage of oil exceeded by 0.5 per cent. the amount shewn on the statutory statement. This case was not referred to the Ministry of Agriculture and Fisheries, however, as the variation was not considered to be sufficiently serious.

The sample of basic slag was an informal one and the percentage of phosphoric acid soluble in two per cent. citric acid was 2.3 per cent below the stated amount. The manufacturer concerned does not normally supply this fertilizer in the city and it has not yet been possible to obtain a formal sample.

THE RAG FLOCK AND OTHER FILLING MATERIALS  
ACT, 1951.

This Act came into force on 1st November, 1951, and it was found necessary to survey the premises of all upholsterers in the city to ascertain if they should be registered or licensed under the Act.

The survey revealed that six premises were subject to registration (i.e. where filling materials are used in manufacturing bedding, toys, baby-carriages and other articles of upholstery) and that no premises required to be licensed (i.e. where rag flock is manufactured, or stored for distribution to registered premises).

Under the Act, the procedure regarding the sampling of rag flock and other filling materials is amended and standards of cleanliness for filling materials are now prescribed.

One sample of rag flock was taken and this proved to be satisfactory.

#### GENERAL.

##### *Bakehouses.*

Number in City	.....	30
Number of underground bakehouses in City	.....	1
Number of inspections made	.....	147
Number of contraventions found	.....	4
Number of contraventions remedied	.....	4
Number of contraventions outstanding at end of the year	.....	—

##### *Bed Bugs, etc.*

Number of inspections made	.....	126
Number of council houses :—		
(1) found to be infested	.....	31
(2) disinfested by this department	.....	31
Number of other houses :—		
(1) found to be infested	.....	26
(2) disinfested by this department	.....	26

Infested rooms are sprayed with a solution containing D.D.T. and verminous bedding is treated by steam at the disinfesting station.

Twenty-two nests (wasps, bees and hornets) were destroyed during the year.

##### *Cesspools.*

Number emptied, cleansed, etc.	.....	5
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##### *Cinemas, etc.*

Number of cinemas, etc., in city	.....	4
Number of inspections made (all satisfactory)	.....	25

*Closets.*

Number of water closets repaired or reconstructed .....	12
Number of walls, etc., cleansed .....	2
Number of flushing apparatus provided, repaired or renewed .....	17
Number of new water closet pans or pedestals provided .....	17
Number provided with supply of hot water .....	—

*Drains.*

Drains constructed or reconstructed .....	22
Tests to new drains .....	95
Tests to existing drains .....	81
Repaired or cleansed .....	59
New inspection chambers .....	17
Additional gulleys .....	19
Sink waste pipes repaired or renewed .....	4
Soil and ventilating pipes repaired or renewed .....	2

*Offensive Trades.*

Number of businesses in city .....	18
Number of inspections made .....	39
Number of contraventions found .....	—

*Fried Fish Shops.*

Number of fried fish shops in city .....	29
Number of inspections made .....	130
Number of contraventions found .....	2
Number of contraventions remedied .....	2

*Infectious Diseases, etc., Disinfections.*

*Number of visits re food poisoning, etc. ....	117
Number of rooms disinfected .....	84

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\*Routine investigations of infectious diseases are made by the health visitors.



*Sanitary Defects Remedied.*(i) *Dampness.*

Number of roofs renewed or repaired .....	81
Number of rainwater gutters and pipes repaired .....	50
Yard surfaces repaired or relaid .....	13
Yard drainage improved .....	3

(ii) *Interior Work.*

Number of rooms cleansed and limewashed .....	12
Number of walls repaired .....	59
Number of floors repaired .....	40
Number of chimney stacks repaired or rebuilt .....	11
Number of firegrates repaired or renewed .....	20
Number of washboilers repaired or renewed .....	2
Number of ceilings repaired .....	32
Dampness remedied .....	29
Lighting remedied .....	—
Offensive accumulations removed .....	20

**Table XV.***Factories (including Bakehouses), (Factories Act, 1937, ss. 1-7).*

## (i) INSPECTIONS for purposes of provisions as to health :

Premises.	Number on Register	Number of Inspection s	Number of written notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority .....	52	77	—	—
2. Factories not included in 1. in which Section 7 is enforced by the Local Authority .....	372	545	19	—
3. Other premises in which Section 7 is enforced by the Local Authority (exclud'g Out-workers' premises) .....	62	67	—	—
Totals .....	486	689	19	—

## (ii) Cases in which DEFECTS were found :

Particulars.	No. of cases in which defects were found.				No. of cases in which prosecutions were instituted.
	Found.	Re-medied.	Referred		
			To H.M. In-spector.	By H.M. In-spector	
Want of cleanliness (S. 1)	2	1	—	1	—
Overcrowding (S. 2) .....	1	1	—	—	—
Unreasonable tempera- ture (S. 3)	—	—	—	—	—
Inadequate ventilation (S. 4)	—	—	1	—	—
Ineffective drainage of floors (S. 6) .....	—	—	—	—	—
Sanitary Conveniences (S. 7) :—					
(a) Insufficient .....	5	2	—	3	—
(b) Unsuitable or de- fective .....	56	17	—	6	—
(c) Not separate for sexes .....	6	3	—	2	—
Other offences (not in- cluding offences rela- ting to home work) ....	—	—	13	—	—
Total .....	70	24	14	12	—

## (iii) List of OUTWORKERS :

NATURE OF WORK.	Number of Outworkers.
Wearing apparel (Making, etc.) ....	71
Household linen ....	1
Curtains and Furniture Hangings ....	12
Furniture and upholstery ....	1
Church Embroidery ....	9
Jewellery Repairs ....	1
The making of boxes or other receptacles or parts thereof made wholly or partially of paper ....	18
China repairs ....	1
TOTAL ....	114

## APPENDIX " A "

**FOOD BYELAWS.****Explanatory Notes.**

These explanatory notes have been formulated after consultation between trade representatives and the Chief Sanitary Inspector, to assist butchers in the interpretation of the recently adopted Byelaws dealing with the handling, wrapping and delivery of food.

**BYELAW 2.**

Refers to the cleanliness of person and clothing.

It is essential that personnel are clean in their habits and that they should thoroughly wash their hands after every visit to the toilet. Hands should also be washed after handling articles that are unclean, e.g. root vegetables, etc.

With regard to clothing, it is considered that coats and aprons should be changed and laundered at least twice a week and it is advisable that an alternative form of protective covering be used when particularly dirty duties have to be carried out.

**BYELAW 3.**

No person who is suffering from a discharging wound, sores on the hands or arms, discharging ears; or diarrhoea and/or vomiting, should handle foodstuffs, and members of the staff should at once report to the person-in-charge if they are suffering from any of these conditions. The Health Department is prepared to advise in any particular case.

It cannot be too strongly emphasized that it is mainly due to the care of food handlers that foodstuffs are kept free from infection.

**BYELAW 4.**

(a) Shopkeepers should have available an insecticide capable of instantaneously killing flies, but such insecticide must not be harmful to foodstuffs. Unwrapped meat products, such as pies, faggots, sausages, cooked meats, etc., should be covered. It is appreciated that the trader will wish to display such foodstuffs and the ideal to be aimed at in this connection is the use of refrigerated display units.

Animals should be excluded as far as possible and infestation by rats and mice prevented. In order to avoid contamination by dogs, etc., all foodstuffs stored or displayed in any room to which animals have access should be kept at least two feet above ground level, unless stored in impervious containers, e.g. metal.

(b) Meat and unwrapped meat products should be covered during retail delivery, and it is suggested clean cloths are the most practical method at the moment.

(c) Attention is drawn to the need for the frequent cleansing of cutting blocks, counters, shelves, scales, knives, etc., and it is considered essential that sausage-filling machines and mincing machines be thoroughly cleansed immediately after use. Where a bacon-slicing machine is used, it should be cleansed daily.

(d) The interior of delivery vans should be lined with metal and kept clean. Meat and meat products to be delivered should be placed in metal or other suitable trays.



## BYELAW 6.

(d) Attention is drawn to the fact that "Wash Your Hands" notices must be displayed in the lavatories.

## GENERAL NOTE.

The Food and Drugs Act, 1938, requires the provision of wash-basins, with a supply of hot and cold water, towels and soap. Towels should, if possible, be personal to the employees and should be frequently changed and laundered. The provision of nail-brushes is very desirable.

As a general principle, the washing facilities should adjoin the W.C. and in large establishments further washing facilities are desirable at other points. It is earnestly hoped that the toilets will be kept as clean as possible so as to encourage a high standard of personal care.

It is appreciated that in some cases the ideal siting of washing facilities is impracticable and we will be pleased to advise any trader on this problem.

Attention is drawn to the fact that these Byelaws do not replace the Public Health Meat Regulations 1924 and 1935, which are still in force.

## CONCLUSION.

These explanatory notes deal only with those portions of the Byelaws which might be difficult to interpret and should be read in conjunction with the Byelaws themselves.

(Signed) F. GERALD DAVIES,  
*Chief Sanitary Inspector.*

(Signed) R. T. WHITEWAY,  
*Chairman, Exeter Butchers' Buying Group.*

*July, 1951.*

## APPENDIX " B "

**FOOD BYELAWS.****Explanatory Notes.****ICE-CREAM VENDORS.**

These explanatory notes have been formulated, after consultation between trade representatives and myself to assist ice-cream vendors in the interpretation of the recently adopted Byelaws dealing with the handling, wrapping and delivery of food.

**BYELAW 2.**

Refers to the cleanliness of person and clothing.

It is essential that personnel are clean in their habits and they should thoroughly wash their hands after every visit to the toilet. Hands should also be washed after handling articles that are unclean, e.g. root vegetables, etc. It should be stressed that personal cleanliness should also be observed by persons selling ice-cream in the open air and for this purpose washing facilities, including hot water, should be readily available.

With regard to clothing, it is considered that where a person is employed solely in the manufacture and/or sale of ice-cream, white coats and washable head-coverings should be worn and changed and laundered at least twice weekly.

**BYELAW 3.**

No person who is suffering from a discharging wound, or sores on the hands, discharging ears or diarrhoea and/or vomiting should handle ice-cream, and all cuts should be covered by a suitable material, e.g. rubber finger-stalls on the fingers. Members of the staff should at once report to the person-in-charge, if they are suffering from any of these conditions.

The Health Department is prepared to advise in any particular case. (It is intended to give a talk to persons employed in the ice-cream trade as soon as is convenient, on this matter of hygiene).

It cannot be too strongly emphasized that it is mainly due to the care of food handlers that foodstuffs are kept free from infection.

**BYELAW 4 (a).**

Ice-cream, biscuits, iced lollies, etc., should be covered at all times, except during actual serving. Particular care should be taken to ensure that customers are not allowed to handle, or cough or sneeze over, any of the commodities.

**BYELAW 4 (c).**

Ice-cream servers should be sterilized frequently during the day and the interior of storage cabinets for pre-packed ice-cream should be thoroughly cleansed at least once a month. In the case of manufacturers of ice-cream, all plant should be cleansed and sterilized immediately after use.

**BYELAW 6 (d).**

Attention is drawn to the fact that " Wash Your Hands " notices must be displayed in the toilets.

## BYELAW 9 (a).

It is desirable that the "serving area" of any vehicle, barrow, stall, etc., used for the sale of ice-cream, should be covered with a hard, non-absorbent material which can be readily cleansed.

## BYELAW 9 (b).

Attention is drawn to the fact that the name and address must be legible and *conspicuous*.

## GENERAL NOTES.

The Food and Drugs Act, 1938, requires the provision of wash-basins, with a supply of hot and cold water, towels and soap for the use of persons handling ice-cream. Towels should, if possible, be personal to the employee, and should be frequently changed and laundered; the provision of nail-brushes is very desirable.

As a general principle, the washing facilities in a factory should adjoin the W.C. It is earnestly hoped that the toilets will be kept as clean as possible so as to encourage a high standard of personal care.

It is appreciated that in some cases the ideal siting of washing facilities is impracticable and we will be pleased to advise any trader on this problem.

Attention is drawn to the fact that the ice-cream Heat Treatment Regulations are still in force.

## CONCLUSION.

These explanatory notes deal only with those portions of the Byelaws which might be difficult to interpret and should be read in conjunction with the Byelaws themselves.

Traders are advised to make themselves conversant with all requirements.

(Signed) F. GERALD DAVIES,

*Chief Sanitary Inspector.*



## APPENDIX " C "

# **SAMPLES TAKEN UNDER THE FOOD AND DRUGS ACT, 1938.**

Milk .... 177	Liquid Preparation of Pectin .... 1
Ice-Cream .... 10	Meat and Yeast Extract .... 1
Beef Sausages .... 3	Mixture of Invert Sugar and Honey .... 1
Fish Paste .... 3	Parrish's Food .... 1
Self-Raising Flour .... 3	Peanut Butter .... 1
Tonic Wine .... 3	Pepper-Flavoured Compound 1
Clotted Cream .... 2	Popcorns .... 1
Cooking Salt .... 2	Pork Pie .... 1
Plain Flour .... 2	Pork Sausages .... 1
Salad Cream .... 2	Powdered Liquorice .... 1
Table Jelly Tablet .... 2	Preserved Cherries .... 1
Apricot Conserve .... 1	Processed Cheese .... 1
Aspirin Tablets .... 1	Proprietary Medicament .... 1
Baking Powder .... 1	Sauce .... 1
Beef Sausage Meat .... 1	Shortbread Mixture (Sweetened) 1
Bicarbonate of Soda .... 1	Shredded Coconut in Syrup .... 1
Blackcurrant Jam .... 1	Sliced Pork .... 1
Boric Acid Ointment .... 1	Soup Powder .... 1
Cheese Spread .... 1	Sponge Mixture .... 1
Desiccated Coconut .... 1	Steak Pie .... 1
Fish Cakes .... 1	Table Jelly Crystals .... 1
Fruit Sauce .... 1	Tinned Spaghetti and Sausages in Tomato Sauce .... 1
Ground Cinnamon .... 1	Tomato Sauce .... 1
Ground Coffee .... 1	White Pepper .... 1
Halibut Liver Oil Capsules .... 1	
Iced Lolly .... 1	
Lemon Juice .... 1	
Lemonade Crystals .... 1	

## FOOD POISONING.

1. *Local Authority.* Exeter County Borough. *Year.* 1951.

2. *Food Poisoning Notifications (corrected) returned to Registrar General.*

<i>First Quarter.</i>	<i>Second Quarter.</i>	<i>Third Quarter.</i>	<i>Fourth Quarter.</i>	<i>Total.</i>
1	Nil	7	8	16

3. *Outbreaks due to identified agents.*

Total Outbreaks, Nil ; Total Cases, Nil.

Outbreaks due to :—

(a)	Chemical Poisons	....	....	Nil.
(b)	Salmonella Organisms	....	....	Nil.
(c)	Staphylococci (including toxin)	....	....	Nil.
(d)	Cl. botulinum	....	....	Nil.
(e)	Other bacteria	....	....	Nil.

4. *Outbreaks of undiscovered cause.*

Total Outbreaks, 2 ; Total Cases, 5.

5. *Single Cases.*

<i>Agent identified.</i>	<i>Unknown cause.</i>	<i>Total</i>
2*	9	11

## ACUTE INFECTIOUS DISEASE.

## GENERAL.

Influenza in the first quarter was severe. Pneumonia notifications (both acute primary, and influenzal) numbered 140, two thirds of them in the first quarter, during which an influenza epidemic was affecting the town. Over a third of the cases were in persons over 65 years of age, and two thirds were in persons over 45 years of age, (21 out of 29 influenza deaths were in persons over 65 years of age). Influenza is not a notifiable disease, but we know that this was a pretty considerable epidemic, though nothing like so severe as in the Liverpool area. It began in the first week in January and died away at the end of March. Both school attendances and notifications of new claims of sickness benefit shewed the effects of the epidemic.

The other infectious diseases caused no undue anxiety during 1951. By far the largest epidemic of measles recorded in Exeter in recent years (2,153 cases) was spread over the first half of the year (Table XIX). It caused no deaths. The incidence of whooping cough (280 cases) as is usual was scattered throughout the year. Fortunately, it was mild and caused no deaths. Scarlet

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\*The agent in both cases was S. Typhi-Murium and one of these cases had also been reported by M.O.H., St. Thomas R.D.C.

fever (98 cases) was moderately prevalent, but increased fairly sharply in December. Poliomyelitis caused only two known cases and they were not severe : both were recognised only in the very late stage of residual weakness.

#### AGE INCIDENCE. (Table XVIII).

The age incidence of the infections follows the usual pattern : measles is mainly a disease of children under 10, and so is whooping cough. Scarlet fever affects school children mainly. Dysentery affected young adults relatively worse than might have been expected, but notification of this disease is so incomplete that our figures are very unreliable.

#### DIPHTHERIA.

The case of diphtheria notified was in a woman, aged 24, who had a sharp tonsillitis with T. 103 with a swab positive for the diphtheria organism (intermediate type), but it was proved to be an avirulent organism. She was nursed at home, having sulpha-mezathine treatment. A subsequent swab was negative. Recovery was very rapid. The husband had had recent tonsillitis, not very severe, but he was negative for diphtheria. The woman had been immunised against diphtheria eight years before. My conclusion is that though notified and not, in fact, "corrected," this case was not a case of diphtheria.

#### PARATYPHOID.

Paratyphoid in a young child was contracted outside the city and, fortunately, it was recognised early.

Through this case, her mother was found to be a temporary *carrier* and was treated in hospital. Another relative, living outside the city, but working in a food shop in the city, was traced and was found to be not well ; examination shewed her to be excreting paratyphoid also. She was treated in hospital and cleared.

Another man, who had been touring Devon and Cornwall (and eaten cockles in the process) was affected a few weeks later, but the organism was shewn conclusively by the Laboratory to be a different type from that in the other case so they could not have had a common cause.

#### SONNE DYSENTERY IN A DAY NURSERY.

(This account was prepared by Dr. H. T. Magill, Deputy M.O.H.) :—

This outbreak of Sonne dysentery in Burnthouse Lane Nursery began on 23rd March, though it was not recognised until the 10th April ; no new cases occurred after the 25th April, 1951,



though one child had a recrudescence of diarrhoea on 3rd May ; the nursery was not regarded as clear of infection until the end of May.

#### ONSET.

The first cases diagnosed occurred on the same day, 10th April, in two children who were not related nor had they any contact outside the nursery. The source of infection in only one of these children could be traced.

It came to light later, however, that another child in the nursery had had diarrhoea on the 23rd March, 1951, for one day. It was not reported at the time and she had a recurrence on the 11th April, 1951, again for one day. She had a positive swab on the 14th April only. All other swabs taken from her were negative. Another child had had diarrhoea on the 31st March for one day only. She showed positive swabs on the 13th April and on the 20th April. As well as all this, there had been several cases in the district occurring at intervals throughout the winter.

It seems likely that the second two children mentioned above were missed cases of Sonne dysentery, but no really definite source of the whole outbreak was ever satisfactorily ascertained.

The two children diagnosed as cases of dysentery on the 10th April were sent home that day and swab results of one half of the children in the nursery on the 14th April revealed 6 positives and 12 negatives ; the other half swabbed on the 16th April revealed 4 positives and 12 negatives. One of the staff showed a positive swab on the 16th and she had no symptoms. It seems then that the outbreak was merely a part of a larger outbreak occurring among the children of the district and, as such, was practically inevitable. The nursery helped to concentrate it, with the result that out of 39 children in the nursery 19 had symptoms—16 of these, and 6 others without symptoms, were found to be excreting Sonne dysentery organisms. Of 12 staff, 2 were found to be excreting the organism, one of them had symptoms. Those without symptoms were temporary carriers. None of the children or staff was gravely ill.

Notification of diarrhoea was, as usual, very poor so one cannot gauge the extent of the outbreak outside the nursery, but one was constantly meeting children who had had a history of diarrhoea with mucus and sometimes blood and an occasional case was discovered casually and confirmed by the Public Health Laboratory working with the Health Department.

#### CONTROL.—BACTERIOLOGICAL.

Between 14th April, 1951, and 16th April, 1951, a rectal swab was taken of every child present in the nursery. Specimens were also collected from each member of the staff.

During the course of the outbreak fresh swabs were taken every third or fourth day of the children who had had positive swabs and once weekly of those with negative specimens. Two of the children were positive excretors for six weeks.

Total number of swabs examined :—

164 rectal swabs from nursery children.

26 specimens from the staff.

84 specimens from contacts.

#### ACTION TAKEN.

The dust from all floors and sand from the sand tray were examined bacteriologically each day between 18th April, 1951, and 27th April, 1951. Positive results were obtained from dust from the china pantry on 21st April, 1951, and from the nursery floor (1-2 year old toddlers) on 18th April, 1951.

Washings from the children's hands and throat swabs were examined bacteriologically 17th April, 1951, with negative results.

An opportunity was taken to try to culture the organisms obtained from the sewer draining the nursery by Moore swabs, but no positive results were obtained on 20th, 24th and 25th April, 1951.

In every case, and in every instance where the rectal swab of a child attending the day nursery proved to be positive, the home was visited. Enquiries were made as to whether any other member of the family was affected by the complaint or had had any symptoms during the previous month or so. Arrangements were made for a specimen to be collected from every member of each family so visited. Where possible, these specimens were taken immediately they were obtained to the Public Health Laboratory by the person concerned, but in cases where such transmission was inconvenient or impossible, collection was made by the health visitor.

In general, the families involved in these investigations were both interested and co-operative, but in a few cases questions were resented and specimens refused. In several instances both parents were at work all day which necessitated visiting after normal working hours. Specimens were obtained from 50 adult contacts and in all 16 were excluded from their work and of these seven showed one or more positive specimens, although only 3 had symptoms. 7 adults were excluded from their work only if they were food handlers or hospital workers. The other nine stayed off work to look after their ill children. Those



excluded were, if necessary, given certificates by the Deputy M.O.H. which entitled them to sick benefit under the National Insurance Act as if they were sick persons. Some were excluded by their employers and these received their wages during exclusion. Three negative specimens at intervals of two to three days were obtained before excluded persons were allowed to return to work.

#### TREATMENT.

No treatment was given by the medical staff of this department. Children with symptoms were referred to their own doctors ; symptomless carriers were not excluded as the condition was so widespread from the beginning, that exclusion would not have served any useful purpose. No new children were admitted during the outbreak, but the nursery was not closed at all.

This outbreak followed the usual pattern of Sonne dysentery with cases, carriers, relapses, infected dust from the floors, etc. No cases were really seriously ill and some children carrying the organism apparently never developed diarrhoea at all.

A health visitor (Miss Barrett) was employed full-time on its control from about the 17th April and got through an enormous amount of work inspecting children, taking swabs, visiting homes (95 visits), collecting specimens and reporting the result of her efforts each day. In this way, incidentally, a good deal of health education on the question of food handling and cleanliness was given to the people concerned.

The question arose at the time whether all of the children in the nursery should have been treated with one of the sulphonamides as a prophylactic. As it was, treated by their own doctor, a variety of therapeutic measures was exhibited. Treatment at the nursery would, of course, have involved obtaining the private doctor's consent which I am sure would not have presented any difficulty. Now, with the advent of chloromycetin in sufficient quantity, it would seem that any future outbreak in such an institution might be brought under control more rapidly with this drug, using of course all appropriate precautions.

#### PUERPERAL PYREXIA.

I am rather anxious about the effect of the new Puerperal Pyrexia Regulations (1951) which are more stringent than the old ones. If notifications are not followed up then they are of little value and, indeed, the regulations are likely to fall into



contempt. Following them up (by the Assistant M.O.H. and Non-Medical Supervisor of Midwives as appropriate), however, involves a good deal of enquiry, and sometimes is apt to be misinterpreted. There is no requirement in the regulations that the believed cause of the pyrexia shall be inserted by the general practitioner—a single extension which would enormously increase the value of the notification.

Up to July 31st there were 15 notifications (including 6 home confinement cases) and attributed to the following causes—pelvic cause 5, breast engorgement 2, respiratory 2, urinary 1, others 2, unknown 3.

From August 1st (under the new Regulations) 34 were notified. Of these 11 would have been notifiable under the old Regulations, and of these eleven, 3 were home confinement cases.

The following table (Table XX) which sets out the causes attributed in the cases notified and also where the confinement took place also shews the effect of the new regulations.

**Table XX.**

**PUERPERAL PYREXIA, 1951.**

CASES NOTIFIED.		Cases notifiable if old Regulations were still in force.	CAUSES.	All cases—old and new regulations. (Jan. to Dec.)	
Old Regulations	New Regulations			Confinement at :	
Jan. 1st.— July 31st.	Aug. 1st.— Dec. 31st.	Aug. 1st.— Dec. 31st.		Home.	Hospital.
5	8	7	Uterine or Pelvic .....	2	11
2	8	1	Breasts ..... (engorgement-mastitis)	1	9
2	4	—	Respiratory .....	1	5
1	9	3	Urinary .....	1	9
2	1	—	Other causes .....	1	2
3	4	—	Unknown .....	3	4
15	34	11		9	40
TOTAL	49			49	

It will be understood that complicated cases generally enter hospital so it must be expected that the pyrexia rate will be greater in hospital than at home.

Table XVI.

NOTIFIABLE DISEASES DURING THE YEAR 1951 AFTER CORRECTION FOR CHANGE OF DIAGNOSIS.  
(For tuberculosis see page 91).

DISEASE	AGES OF CASES NOTIFIED												Cases admitted to Isolation Hospital	
	Under 1	1—	2—	3—	4—	5-9	10-14	15-19	20-34	35-44	45-64	65 and over		Total
Scarlet Fever	.....	3	4	8	9	51	9	2	10		2		98	61
Dysentery	.....	2	5	2	5	9	6	5	15	2	6	2	67	8
Food Poisoning	.....	1	2	1		2	1		1	1	7		16	3
Erysipelas	.....						1		1	5	9	2	18	2
Meningococcal Infection	.....					1							1	1
Ophthalmia Neonatorum	.....	7											7	
Poliomyelitis— Paralytic	.....						2				1		3	2
Poliomyelitis— Non-Paralytic	.....						1						1	1
*Influenzal-Pneumonia	.....						1	1	14	6	30 (2)	37 (5)	89 (7)	
*Pneumonia	.....			2	1	2	3	2	5 (1)	8	13 (2)	15	51 (3)	
Puerperal Pyrexia	.....							5	40	3			48	
Diphtheria	.....								1				1	
Typhoid	.....		1							1			2	1
Measles	.....	61	192	242	287	919	70	15	21	7	3		2,165	36
Whooping Cough	.....	21 †(1)	36 †(1)	35	48	93	4	1	3	2			283 (2)	7

\*Cases as notified.

Figures in brackets are Deaths.

†1 death in non-city resident, in hospital.

Table XVII.

The following table gives the incidence in Exeter residents :—  
**EXETER CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1951.**  
 After Correction both for RESIDENCE and for Revised Diagnosis.

DISEASE.	AGES OF CASES NOTIFIED												Cases admitted to Isolation Hospital	
	Under 1	1—	2—	3—	4—	5-9	10-14	15-19	20-34	35-44	45-64	65 and over		Total
Scarlet Fever .....		3	4	8	9	51	9	2	10		2		98	60
Dysentery .....	2	5	8	2	5	9	5	5	15	2	5	2	65	5
Food Poisoning .....	1	1	1			2	1		1		6		13	1
Erysipelas .....							1		1	5	9	2	18	2
Meningococcal Infection .....						1							1	1
Ophthalmia Neonatorum .....	6												6	
Poliomyelitis— Paralytic .....							1				1		2	1
Poliomyelitis— Non-Paralytic .....														
*Influenzal-Pneumonia .....							1	1	14	6	30 (2)	37 (5)	89 (7)	
*Pneumonia .....				2	1	2	3	2	5 (1)	8	13 (2)	15	51 (3)	
Puerperal Pyrexia .....								4	18	2			24	
Diphtheria .....									1				1	
Typhoid .....		1								1			2	1
Measles .....	60	192	240	287	345	914	69	15	21	7	3		2,153	28
Whooping Cough .....	19	35	35	48	40	93	4	1	3	2			280	5

\*Cases as notified.

Figures in brackets represent Deaths.



Table XVIII.

MONTHLY INCIDENCE OF NOTIFIED CASES OF INFECTIOUS DISEASE DURING 1951 AFTER CORRECTION FOR CHANGES OF DIAGNOSIS.

DISEASE.	Jan.	Feb.	Mar.	Apr.	May.	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL.
SCARLET FEVER	11	8	8	6	3	1	4	3	7	6	14	27	98
DYSENTERY .....	3	3	19	17	4	3	1	—	3	—	—	14	67
FOOD POISONING .....	—	—	1	—	—	—	3	1	3	4	1	3	16
ERYSIPELAS .....	2	2	1	3	2	1	—	2	—	1	2	2	18
MENINGOCOCCAL INFECTION .....	—	—	—	—	—	—	—	—	—	—	1	—	1
OPHTHALMIA NEONATORUM	—	1	—	—	—	—	—	1	1	1	2	1	7
POLIOMYELITIS— PARALYTIC .....	—	—	—	—	—	—	—	—	—	1	1	1	3
POLIOMYELITIS— NON-PARALYTIC	—	—	—	—	—	—	—	—	1	—	—	—	1
INFLUENZAL- PNEUMONIA .....	46	22	8	2	—	—	—	1	1	3	5	1	89
PNEUMONIA .....	11	6	5	4	3	4	1	4	1	5	1	6	51
PUERPERAL PYREXIA .....	1	2	4	—	1	3	4	7	9	8	5	4	48
DIPHTHERIA .....	—	—	—	—	—	—	—	1	—	—	—	—	1
TYPHOID .....	—	—	—	—	—	—	—	1	1	—	—	—	2
MEASLES .....	13	66	245	211	561	671	297	82	18	—	—	1	2,165
WHOOPING COUGH .....	18	40	51	33	25	28	15	13	7	6	20	27	283
TOTAL .....	105	150	342	276	599	711	325	116	52	35	52	87	2,850

Table XIX.

MONTHLY INCIDENCE OF EXETER CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1951 AFTER CORRECTION FOR CHANGES OF DIAGNOSIS.

DISEASE.	Jan	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
SCARLET FEVER	11	8	8	6	3	1	4	3	7	6	14	27	98
DYSENTERY .....	3	2	19	17	4	3	1	—	3	—	—	13	65
FOOD POISONING .....	—	—	1	—	—	—	—	1	3	4	1	3	13
ERYSIPELAS .....	2	2	1	3	2	1	—	2	—	1	2	2	18
MENINGOCOCCAL INFECTION .....	—	—	—	—	—	—	—	—	—	—	1	—	1
OPHTHALMIA NEONATORUM	—	1	—	—	—	—	—	1	1	1	1	1	6
POLIOMYELITIS— PARALYTIC	—	—	—	—	—	—	—	—	—	—	1	1	2

Continued on opposite Page.

DISEASE.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL.
POLIOMYELITIS— NON-PARALYTIC	—	—	—	—	—	—	—	—	—	—	—	—	—
INFLUENZAL- PNEUMONIA .....	46	22	8	2	—	—	—	1	1	3	5	1	89
PNEUMONIA .....	11	6	5	4	3	4	1	4	1	5	1	6	51
PUERPERAL PYREXIA .....	—	2	2	—	1	1	4	3	4	3	2	2	24
DIPHTHERIA .....	—	—	—	—	—	—	—	1	—	—	—	—	1
TYPHOID Para 'B'	—	—	—	—	—	—	—	1	1	—	—	—	2
MEASLES .....	13	66	242	208	558	669	296	82	18	—	—	1	2,153
WHOOPING COUGH .....	17	40	51	33	23	28	15	13	7	6	20	27	280
TOTAL .....	103	149	337	273	594	707	321	112	46	29	48	84	2,803

### CHILD NEGLECT.

The Medical Officer of Health was nominated by the Council as the co-ordinating officer responsible for calling together various people interested in the welfare of children, with a view to discussing cases brought to their notice of child neglect at home and trying to help the families concerned, so that the lot of the children might be improved.

The Deputy Medical Officer of Health, the Children's Officer, the Welfare Officer, the School Welfare Officer, the Superintendent Health Visitor, the Deputy Housing Manager, the Inspector of the Exeter Branch of the National Society for Prevention of Cruelty to Children, the Secretary of the Exeter Council of Social Service, the Almoner of the Royal Devon & Exeter Hospital, and the Probation Officers with the Medical Officer of Health constitute an informal committee for child care. They meet monthly. Each case is discussed and it is arranged that one (as a rule) or more of the members shall visit the family and assist by advice or securing such voluntary or public help as may be appropriate and available.

Twenty families were referred to them in 1951. In 2 cases the family later moved to a home outside the City. The general complaint was neglect, not wilful cruelty. In one case the neglect was quite temporary. In 2 cases better housing accommodation was secured through the Housing Department. 2 of the children had attended Child Guidance Centres and both these improved whilst under observation of the Child Care Committee: in both of these the general care of the families improved considerably.

In one family the children were taken into care by the Local Authority, the mother being imprisoned for neglect. In 2 of the families the mother was mentally ill. One case was abandoned as the main complaint was an allegation that the house was used for immoral purposes and the police were consulted on this matter. In 2 of the cases the care of children was considerably improved, in 4 there was some improvement, but in all the rest there was very little change effected, though no deterioration occurred, except in one family. In 2 of the families there was only 1 child, and in 2 there were 2 children, in the rest there were 4 or more children. It must be remembered that cases of neglect in larger families are more likely to come to light than in smaller families.

#### NATIONAL ASSISTANCE ACT, 1948 — SECTION 47.

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#### REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION.

No statutory action was required under this section.

#### MEDICAL EXAMINATIONS MADE ON BEHALF OF THE COUNCIL.

For admission to the Superannuation Scheme, Sick- ness, or on return to employment after sickness or injury in the Services	.....	.....	.....	221
For employment in Day Nurseries	.....	.....	.....	10

Arrangements are now made for X-ray examination on appointment and periodic re-examination of staffs (resident and non-resident) caring for children in the Council's nurseries, children's homes, etc., and in a number of voluntary homes of the same sort, with a view to the early detection of tuberculosis in their staffs and the prevention of exposure of young children in this way to the disease. 75 such examinations were made during the year.



## PERSONAL HEALTH SERVICES.

### HEALTH CENTRES.

#### NATIONAL HEALTH SERVICE ACT, 1946— SECTION 21.

The South Western Regional Hospital Board has indicated its willingness to transfer land adjoining Honeylands Sanatorium to the Council as a site for the north eastern health centre. Plans were submitted in October, 1951, to the Ministry of Health for a centre to provide facilities for local health authority and school health services including dentistry. The plan presupposes a further building to be erected later to provide facilities for general medical and allied services to be rendered by general practitioners, dentists, pharmacists and others.

### CARE OF MOTHERS AND YOUNG CHILDREN.

#### NATIONAL HEALTH SERVICE ACT, 1946— SECTIONS 22, 23, 24.

#### MIDWIVES ACTS, 1902—1936.

The arrangements for Child Welfare Centres remained unchanged, viz. :—

Central Welfare Centre—	Alice Vlieland Welfare Centre—Tuesday afternoons.
Eastern Welfare Centre—	Shakespeare Road Community Centre—Wednesday afternoons.
Western Welfare Centre—	Merrivale Road Community Centre—Friday afternoons.
Northern Welfare Centre—	Alice Vlieland Welfare Centre—Thursday afternoons.
Northern Branch Centre—	Whipton Institute—Friday mornings.

Dr. Iris V. I. Ward is the medical officer in charge assisted by the health visitors of the districts concerned and a team of voluntary workers. I wish to thank the voluntary workers for their kindly help, given regularly and willingly and without fuss ; in fact, it would be difficult to do without them.

By arrangements with the county medical officer "border children" are allowed to attend the city welfare centres if these are more convenient than the nearest county centre. Also, parents living in any particular health district of the city are allowed to transfer to another centre if this arrangement is more suitable to them.

A folder giving particulars of the local health authority's maternity and child welfare services is kept up to date, and is

handed to all mothers by health visitors at the first visit as well as to expectant mothers calling at the health office.

Centre.	Average No. of Infants on Books.	Average No. of Attendances of Children per session.
Central District ....	269	61
Western District ....	328	68
Northern District ....	696 (363)	124 (58)
Eastern District ....	391	78

Figures in brackets represent those of the Whipton branch of the Northern Centre.

Altogether 2,225 children under school age attended the Centres making 18,312 attendances. The attendances of the various age groups were as follows :—

**Table XXI.**

Centre	Age Groups.					Total
	Under 1	1 to 2	2 to 3	3 to 4	4 to 5	
Central ....	1,764	403	230	191	143	2,731
Western ....	2,201	495	238	288	153	3,420
Northern ....	3,369	878	451	501	590	5,789
	(1,438)	(546)	(227)	(312)	(358)	(2,881)
Eastern ....	1,664	584	402	436	405	3,491
Total ....	10,436	2,906	1,593	1,728	1,649	18,312

The need for a centre at Countess Wear where the new housing estate houses a number of young families is becoming increasingly evident.

The Ministry of Food's supplementary vitamin preparations, national dried milk and certain other preparations are available at all centres and at the health office. The *actual* "take-up" of these foods in the City related to the *possible* "take-up" was as follows : Orange Juice 28.4%, Cod Liver Oil preparation 29.0% and Vitamin Tablets (A. & D.) for expectant mothers 43%.

### HOME VISITS TO CHILDREN UNDER FIVE.

During the year the health visitors paid 1,021 first visits and 5,186 subsequent visits to children under the ages of 12 months and 10,431 visits to children between the ages of 12 months and 5 years. This represents a decline in a vital service and is due to the increasing other duties laid on them by the National Health Service Act ; their case load is too heavy and the time has arrived when consideration must be given to the establishment of health visitors. The simple truth is we need more health visitors.

## ORTHOPAEDIC TREATMENT.

During the year 29 children from the Child Welfare Centre were referred to the Princess Elizabeth Orthopaedic Hospital for the following conditions :—

Congenital deformities	....	....	....	9
Injuries at birth	....	....	....	—
Rickets and sequelae	....	....	....	—
Knock Knee (postural)	....	....	....	7
Poliomyelitis	....	....	....	—
Miscellaneous	....	....	....	13
				—
Total	....			29
				==

## OPHTHALMIA NEONATORUM.

Table XXII.

Year	Cases.			Vision unimpaired.	Vision im- paired.	Total Blind- ness.	Re- moved from dis- trict	Deaths	Total
	Noti- fied.	Treated.							
		At Home.	Hos- pital.						
1941	4	1	3	4	—	—	—	—	4
1942	7	3	4	7	—	—	—	—	7
1943	3	2	1	3	—	—	—	—	3
1944	3	1	2	2	—	—	1	—	3
1945	2	1	1	1	—	—	1	—	2
1946	2	—	2	2	—	—	—	—	2
1947	6	5	1	6	—	—	—	—	6
1948	5	2	3	5	—	—	—	—	5
1949	14	1	13	14	—	—	—	—	14
1950	4	1	3	4	—	—	—	—	4
1951	7	4	3	7	—	—	—	—	7

No severe ill-effects resulted—none of the cases was of the severe old fashioned type.

## DAY NURSERIES.

The general administrative arrangements continued unchanged and no special staffing difficulties arose. The conditions for admission to the nursery were laid down as follows :—

1. Where mothers must earn their own living (e.g. widowed, separated, divorced, unmarried; husband disabled, unemployed, service man, pensioner, etc.).
2. Where in the interests of the health of the child, or in exceptional circumstances that of the mother, day nursery attendance is essential (e.g. prejudicial home circumstances, maladjustment, severe illness in the mother, etc.).
3. Other exceptional circumstances.

“ Work of national importance ” is no longer a justification for admission of children to a nursery: the care of the children at home is the work of supreme national importance.



It is generally accepted that care in the day nursery is only "a next best thing" and should only be allowed where the alternative is on the whole worse for the child, but the nurseries do very good work and attendances have been satisfactory.

The attendances for the year, and other details are shewn in the table.

**Table XXIII.**

NURSERY.	Buddle Lane.		Burnthouse Lane		Paul Street	
AGE GROUP IN YEARS.	1-2	2-5	1-2	2-5	1-2	2-5
Number of Places .....	15	25	15	25	—	34
Number on rolls beginning 1951 .....	12	22	9	32	—	35
Number on rolls end 1951 .....	14	33	2	44	—	42
Mothers working full-time .....	14	27	2	33	—	27
Mothers working part-time .....	—	—	—	—	—	11
Other reasons .....	—	1	—	—	—	2
	1-2	2-5	1-2	2-5	1-2	2-5
Maximum Attendances .....	14	32	5	42	—	40
Minimum Attendances (excluding Saturdays) .....	2	11	2	15	—	12

## MEDICAL EXAMINATION.

All the children are examined medically before admission and quarterly afterwards.

Infectious disease has not been marked though measles, mumps and chickenpox affected all nurseries (measles 55 cases, mumps 27 cases and chickenpox 12 cases), whooping cough affected Buddle Lane Nursery only (6 cases), Sonne dysentery affected Burnthouse Lane Nursery (19 affected or carrying the organism). An account of this occurrence is given on page 53. Scarlet fever (3 cases), german measles (6 cases), ringworm (1 case) were other diseases occurring in the year in the nurseries. The general health of the children was satisfactory.

Two of the nurseries (Burnthouse Lane and Buddle Lane) constitute a training school for nursery nurses. Eight students passed the National Nursery Board's examination; 5 of them obtained posts in day or residential nurseries and 3 commenced hospital training in general or sick children's nursing. The number in training on September 1st (new entry date) was 18—ten first year and eight second year students.

Table XXIV.

## PREMATURE LIVE AND STILLBIRTHS DURING 1951.

PREMATURE STILLBIRTHS.		Weights		BORN AT		LIVE PREMATURE BIRTHS.										BELIEVED CAUSES OF PREMATUREITY																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
						Number		Survivors at end of 1951		DEATHS during 1951 — age at Death.								Toxaemia	Eclampsia	Ante-partum haemorrhage	Placenta Praevia	Twins	Hypertension	Syphilis	Ill-Health	Rhesus	Habitual Prematurity	Fibroids	No cause assignable																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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Male	Female	Over	Less than	Home	Hospital	Male	Female	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								





## CARE OF PREMATURE INFANTS.

The general arrangements for the care of premature infants remained as described in the report for 1949. The superintendent health visitor works closely in association with the superintendent of the domiciliary midwives. The midwives continue to care for the infant until it is considered safe to leave the mother in sole charge. Cots, blankets and hot water bottles are all available and freely used. One of the domiciliary midwives attended a course on premature baby care in Birmingham and all the midwives are keenly alive to the need for special and skilled care, in the early care especially of the premature infant. I have been anxious to arrange that the health visitors should visit nursing mothers with weakly or premature infants in hospital before their discharge, but this has not proved acceptable to the hospital committees concerned although we do get, now, prior notice of the discharge of these children. The table (Table XXIV) below shews various details about the 75 premature babies born alive during the year and the 16 registered premature stillbirths.

During 1951 there were 75 premature live births (i.e. babies weighing  $5\frac{1}{2}$  lbs. and less at birth), just over 7% of all notified live births. 22 were born at home and 53 in hospital. 2 of those born at home were later admitted to hospital. There were 16 premature stillbirths, just over 50% of all notified stillbirths. The proportion of babies surviving at the end of the year was 88%, as compared with 76% in 1950, but though gratifying that is a very crude comparison; what matters is the later survival and the health of the children concerned.

For over half of the premature babies, no cause of the prematurity could be assigned, but as usual twins figure prominently (8 cases), maternal toxæmia accounted for 6 cases and habitual prematurity for 5 cases. One of the "surviving" babies died very early in 1952 and three of the others are not "well babies"—one is a hydrocephalic (3 lbs. at birth), another (4 lbs.) has been in and out of hospital with feeding troubles, and one other (3 lbs.) is not doing very well, a syphilitic.

One of the babies (weight at birth  $2\frac{1}{2}$  lbs.) died in 1952 at 1 month old from broncho-pneumonia, but is included in the table as a survivor at the end of 1951.

The survival rates of the babies, according to the birth weight of the infants, at the end of the year 1951 were—under 3 lbs. at birth, 25%, 3 to 4 lbs. at birth, 100%, 4 to  $5\frac{1}{2}$  lbs. at birth, 94%.

Only 17 of the premature babies were still breast fed at 3 months of age—i.e. 25% of the possible.

## PROVISION FOR UNMARRIED MOTHERS AND BABIES.

Financial considerations have stopped the Committee from getting a hostel which in principle has been agreed as desirable, and by a hostel I mean a home where the mother and baby could stay for a period of, say, up to a year during which the mother could find a job, whilst having the baby safely cared for, and get re-established. Without such a hostel the chances of avoiding the break-up of the mother and baby as a family unit are practically nil, unless the girl's mother or relatives are willing to receive her into their own home.

The report of the Social Worker (employed jointly by the Diocesan Moral Welfare Society and the Exeter City Council) giving details of her work during the year is set out :—

New cases	....	....	....	....	52
Visits paid	....	....	....	....	1,132
Interviews given	....	....	....	....	787
Cases outstanding from 1950	....	....	....	....	11
New cases 1951	....	....	....	....	52
Total cases dealt with					63

How dealt with :—

Delivery at Home	....	....	....	....	9	} 42
„ „ Mowbray Hospital	....	....	....	....	16	
„ „ St. Olave's Home	....	....	....	....	7	
„ „ Bradninch Home	....	....	....	....	2	
„ „ St. Mary's Hospital	....	....	....	....	2	
„ „ R. D. & E. Hospital	....	....	....	....	1	
„ „ Redhills Hospital	....	....	....	....	4	
„ „ Tiverton Hospital	....	....	....	....	1	
Left Exeter	....	....	....	....	8	
Miscarriage	....	....	....	....	1	
Outstanding on 31.12.51	....	....	....	....	12	
Total cases dealt with					63	

Affiliation Orders obtained	....	....	....	....	4
Affiliation Orders pending	....	....	....	....	1
Subsequent marriages	....	....	....	....	7
Referred to V.D. Clinic	....	....	....	....	5

The fate at the end of 1951 of 42 illegitimate babies born in 1951 and coming within the Social Worker's ambit is set out below :—

Kept by mothers	....	....	....	....	22
Adopted	....	....	....	....	15
Mother married Putative Father	....	....	....	....	2
Placed in Dunraven Babies' Home	....	....	....	....	1
Died	....	....	....	....	2
					42

Of 42 babies born during the year to mothers coming under Miss Kevan's care 28 were first babies, 10 were second babies and 4 were third or later babies. The age range of the mothers was 14 to 35 years. 15 babies were adopted. The putative father in 25 cases was a married man, 11 were single men and 6 were unknown.

In 2 cases the mother married the father. In 2 cases the mother and father lived together. Affiliation orders were obtained in only 4 cases. All the mothers but one, were employed persons.

In the 12 cases carried forward to 1952, the babies not yet being born, 9 of the mothers were already asking for help to get the babies adopted.

Miss Kevan reports that most of the mothers would have kept their babies if they could have found work where the baby could have been taken care of.

#### NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

There are no registered nurseries in the city and only one child-minder coming within the regulations.

#### MUNICIPAL ANTE-NATAL AND POST-NATAL CENTRES.

Clinic sessions are held twice a week on Monday and Wednesday afternoons at the Alice Vlieland Welfare Centre. The work at these centres is declining steadily. Most of the patients are those who intend to be delivered in Mowbray House Hospital (administered by the Exeter and Mid-Devon Hospital Management Committee) and who have not booked a private doctor for their confinement.

No. of sessions held	....	....	....	....	97
No. of mothers attending	....	....	....	....	145
Total attendances	....	....	....	....	743

Of new cases :—

Ante-Natal	....	....	....	....	94
For diagnosis	....	....	....	....	Nil.
Post-Natal	....	....	....	....	79

Referred by :—

Midwives	....	....	....	....	Nil.
Private practitioners	....	....	....	....	15
By others (e.g. by the Maternity and Child Welfare Department, also by other mothers attending the Clinic)	....	....	....	....	158

Referred for treatment :—

Dental treatment	....	....	....	....	8
Royal Devon & Exeter Hospital	....	....	....	....	5
V.D. Clinic	....	....	....	....	Nil.
E.N.T. Surgeon	....	....	....	....	1



534 women were examined ante-natally at these clinics (530 by the doctors) and 2,313 attendances were made. In addition 45 mothers attended for post-natal examination.

The Maternity and Child Welfare Department at the request of the Regional Hospital Board in accordance with the wish of the Ministry of Health are responsible for booking mothers for admission to Mowbray House Maternity Home. All cases are visited by a health visitor to find out if there is a real social need necessitating hospital care (cases needing hospital care for medical reasons are generally admitted to the Royal Devon & Exeter Hospital). This is a most difficult task for we have always to balance the necessity for keeping Mowbray House reasonably well booked up (there would be no difficulty in securing complete booking up) with the necessity for keeping in reserve a few places for mothers who may apply very late but whose need may be very great. The County Council, booking in the county area, have helped us out on a good many occasions.

In addition, the Exeter Maternity and District Nursing Association which undertakes domiciliary midwifery on behalf of the Local Health Authority, conducts ante-natal and post-natal clinics as follows :—

\*11, *Elm Grove Road, the Association's Headquarters*—

Tuesday, Wednesday and Thursday afternoons.

\**Shakespeare Road Community Centre*—

Friday afternoons.

\**Merrivale Road Community Centre*—

Tuesday afternoons.

### BLOOD EXAMINATIONS IN PREGNANCY.

Dr. Stewart Smith, Area Pathologist, has kindly supplied me with the following details of the blood examinations carried out in respect of expectant mothers referred to his laboratory by the clinic and by private doctors.

	Clinic.	Private Doctors.
<i>Total number of mothers investigated :</i>	173	528

Examination	Clinic Cases. Results.		Private Doctors' Cases. Results.	
	+	—	+	—
Wassermann ....	Nil.	171	1	516
Kahn ....	Nil.	171	1	514
Rhesus ....	146	27	445	83

*Repeat samples for Rhesus confirmation :*

Clinic, 46      Private Doctors, 111      Total — 157.

\*For work done, see page (76).

## RELAXATION CLASSES.

Relaxation Classes for expectant mothers began on 7th February, 1951, under the direction of Mrs. J. Nicholson, C.S.P., who conducted two classes on one afternoon each week at the Alice Vlieland Welfare Centre. Cases are referred by general practitioners (or attend with their consent) through Miss Bryant, Superintendent of Exeter Maternity and District Nursing Association who arranges the actual attendances. About 8 to 10 mothers comprise a class, and ordinarily they start attending at about the twentieth week of pregnancy and continue for the course which lasts nine weeks. Attendance to full term would, we think, make the numbers attending too big for handling. Although the object of relaxation classes is to enable the mother to have an easy labour, partly by her understanding the physiology of labour—for understanding is the great instrument for the removal of fear of the unknown—partly by enabling her to relax her voluntary musculature so avoiding fatigue and controlling irregular and unco-ordinated muscular movement which is wasteful, nevertheless, it has been found desirable to instruct the mothers in the use of gas and air analgesia apparatus, and also to employ a sedative (pethidine) in the labour. Even so, the mothers are usually generally more or less conscious when the infant is born and find great satisfaction in that. In May it was decided to hold an evening class to meet the needs of mothers who for work or other reasons could not come in the afternoons. This has proved very popular.

In all, 102 mothers attended in 1951 including 65 having their first baby. They made 736 attendances in the year. Many appreciative letters have been received and the midwives have no doubt of the great usefulness of this work. The doctors, too, approve these classes. Most of the mothers attending are mothers with first babies, or if they have previously had children, they attend because they have found labour difficult or otherwise because they *want* to attend. They enjoy a cup of tea at the end of the class, and have a chat and ask questions about the layette, minor ailments of pregnancy, etc. This friendly spirit is all important. They also get to know the midwives better which is of enormous value. What is promised is help and an easy labour, not an entirely painless one. In the long labour relaxation has proved invaluable. Miss White, Deputy Superintendent of the Nurses' Home demonstrates the gas and air analgesia apparatus and pupil midwives attend from time to time as part of their training.

## REPORT OF SENIOR DENTAL SURGEON.

The two dental officers employed by the Authority devote approximately a quarter of their time to the treatment of expectant and nursing mothers and pre-school children.

**Table XXV.**

Details of treatment provided are shown in the following tables which are in accordance with the Ministry of Health Circular 2/50 :—

(a) *Numbers provided with dental treatment :—*

	Examined	Needing treatment	Treated	Made Dentally Fit
Expectant and Nursing mothers ....	99	92	83	57
Children under five ....	390	336	303	260

(b) *Forms of dental treatment provided :—*

	Extractions	Anaesthetics		Fillings	Scalings or scaling and gum treatment	Silver Nitrate treatment	Dressings	Radio-graphs	Dentures provided	
		Local	General						Com-plete	Partial
Expectant and Nursing mothers ....	172	5	38	101	32	7	24	—	17	9
Children under five ....	422	—	207	338	—	59	22	—	—	—



*Expectant and Nursing Mothers.*

Although all expectant and nursing mothers are entitled to treatment under the service provided by the authority the majority of patients referred to the dental clinic are from the ante-natal clinic and from the Exeter and District Nursing Association Clinics.

Of 660 expectant mothers attending these clinics only 79, however, attended for inspection—30 from the ante-natal clinic and 49 from the Exeter and District Nursing Association. A further three were referred by private doctors making a total of 82 new patients during the year.

The total of 99 inspected in Table (a) is made up by 17 patients whose treatment was carried over from the previous year added to the former 82.

Out of 92 who were found to require treatment, one was referred to her own dentist and 8 failed to keep any appointments given. Seventeen of those treated failed to attend to have all treatment completed, and there were 9 patients receiving treatment which had not been completed by the end of the year. It is not improbable that some of the seventeen who failed to have treatment completed, may yet return in the next year.

Broken appointments, last-minute cancellations and late arrival on the part of patients, are causes of some inconvenience and loss of time, but unless it is possible to introduce a penalty—which, all things considered, I do not suggest as desirable—it will be impossible to obviate this.

Treatment figures show that the amount of conservation work carried out is almost the same as that of the preceding year, but that extractions and dentures fitted were fewer, the former by 85 and the latter by 10.

The 26 dentures, (11 full upper, 6 full lower, 4 partial upper and 5 partial lower) were provided for 15 patients, 6 of whom had full upper and lower dentures.

*Pre-school children.*

All children of the City who are under school age are able to attend the dental clinic for inspection and treatment. The only routine inspections, by a dental surgeon, of groups of children, are those at the Barnburgh Residential Nursery and three day-time nurseries where 108 children were inspected and exactly a

half of them were found to require treatment. Eight extractions and 32 fillings were carried out for 21 of these children who were treated before the end of the year.

Those other children inspected are either those who are referred from child welfare centres or whose parents bring them of their own accord and all in fact require treatment. Of the latter group the larger proportion attend too late when toothache has occurred and extractions—often multiple extractions—are necessary.

Of 303 children treated about two-thirds required extractions and the average number of teeth extracted for these was a little above two for each child.

Conservation treatment is largely limited to the temporary molars and canines and whenever possible teeth are filled, usually with copper amalgam. Where teeth are so carious that fillings are contra-indicated they are sometimes stoned or disced smooth and treated by application of silver nitrate.

On completion of conservative treatment, parents are strongly advised to bring their children at regular intervals for re-inspections, and where possible to continue to do so after starting school, for it is well worth while to try and carry on once started. But most parents, even those with best intentions, fail to do so. Other children become ineligible at school age when sent to private schools, but it is to be hoped that these find their way to private practitioners.

#### *Incidence of Dental Caries.*

The following table shows the incidence of dental caries in those groups of children where routine inspections were carried out. For this table alone children inspected at the Chestnut Avenue Nursery School—who are of the same age-groups as those in the Day Nurseries—are included.

**Table XXVI.**

YEAR OF BIRTH	1949	1948	1947	1946
Number Inspected ....	25	45	50	23
Sound Mouths ....	20	17	12	9
Number of decayed, missing or filled teeth (D.M.F.) ....	14	87	194	82
Average D.M.F. per child inspected	.56	1.93	3.88	3.57



Apart from the small number of children inspected, the conditions in the nurseries such as, for example the regular brushing of teeth and limitation of sweets and other foods between meals, are so different from that of most homes that these children possibly may not be a fair cross-section of their age-groups in the City, but they are the only groups where routine inspections are possible at present.

The dental clinic is equipped with an X-ray unit, but during the year no occasion arose where its use was required in connection with mothers or pre-school children.

The laboratory work connected with the supply of dentures is carried out by The Exeter Dental Laboratory Ltd., and this arrangement continues to be satisfactory.

C. A. REYNOLDS.

### DOMICILIARY MIDWIFERY.

The Exeter Maternity and District Nursing Association continued to act as agents for the City Council in the conduct of domiciliary midwifery, employing at the end of the year six midwives and five pupil midwives (in the Part II training school) as well as the superintendent (Miss Bryant) and two assistant superintendents. The staff are nearly all resident in the Association's Nurses' Home and the midwives are each responsible for the ante-natal care of their own booked cases, but attendance at the confinements themselves is arranged on a rota basis : this works satisfactorily.

They attended 41% (much the same proportion as last year) of all the confinements of mothers resident in the city, in rather less than half of their cases acting as midwives and in the remainder as maternity nurses, i.e., under the doctor's direction throughout the labour : the proportion of these latter cases showed this year a decline, a reverse in the recent trend. Approximately, 79% of the mothers confined were given gas and air or other analgesia.

In 113 cases the midwives continued to attend after the fourteenth day, and they attended some premature infants for periods up to two months. They were also called in to supervise the feeding of infants requiring a lot of practical help, in 35 instances, making 177 visits. Further details regarding the care of premature infants are shewn on page 67 of this report. 38 mothers confined in hospital and discharged before the tenth day after confinement were subsequently nursed by the domiciliary midwives ; 514 visits were involved. Similarly, 36 mothers discharged from hospital after the tenth day were attended, 307 visits being paid. When any suspicion of infection in the lying-in stage is aroused, the superintendent automatically removes the midwife from the case pending investigation, and transfers one of the home nurses, who are also midwives, to the case. This is



one of the advantages of the present arrangements whereby home nurses and home midwives work from one centre. The midwives attended 43 miscarriages (abortions), but after the early care, the cases are transferred to the care of home nurses.

## BOOKINGS.

	Total.
Number of cases brought forward on 1st January, 1951 ....	190
Number of cases booked during the year ....	502
Number of emergency unbooked deliveries ....	9
Number of cases found not pregnant ....	7
Number of cases delivered during year ....	468
Number of cases of miscarriage of booked patients ....	6
Number of cases left Exeter before delivery ....	9
Number of cases admitted to hospital undelivered ....	37
Number of booked cases subsequently delivered in maternity homes ....	26
Number of cases remaining on the books on 31st December, 1951 ....	148

## WORK DONE.

Cases attended as midwives ....	226
Visits paid as midwives ....	5,308
Cases attended as maternity nurses ....	242
Visits paid as maternity nurses ....	5,179
Cases booked during the year ....	502
Cases seen at the ante-natal clinics ....	534
Attendances at the ante-natal clinics ....	2,313
Cases examined by doctor ....	530
Ante-natal visits to patients' homes ....	2,013
Cases seen at the post-natal clinics ....	45
Attendances at the post-natal clinics ....	45
Cases examined by doctor ....	45
Medical aid forms sent ....	63
Midwifery cases transferred to hospital ....	13

## GAS AND AIR ANALGESIA.

Number of cases where gas and air analgesia given ....	309
Number of cases where other analgesia given ....	62
Number of cases where analgesia not given ....	97

Total deliveries .... 468

Number of cases where pethidine administered .... 159

*Reasons for non-administration of analgesia :*

Labour too rapid ....	87
Medical reasons ....	1
Premature labours ....	9
	97

The Deputy Superintendent of the Home attended a one week post graduate Teachers' Course in Leeds and a midwife took the Premature Baby Care Course of one month at Birmingham.

11 pupil midwives were trained at the Home during the year—all passed the examination (S.C.M. Part II)—one after re-entry.

## NOTIFICATION OF BIRTHS.

1,410 notifications of live births, including 394 referring to mothers not living in the city, were received during the year ; only 3 notifications were made by doctors or relatives, all the rest being made by midwives.

## MIDWIVES ACTS 1902 — 1936.

The City Council is the local supervising authority for all midwives practising in the city, whether in private or hospital practice. 65 midwives notified their intention of practising in the city during 1951 ; 28 as domiciliary and 37 as hospital midwives. 99 Medical Aid notices (i.e. requests for assistance by doctors) were issued by midwives. 301 other notifications by midwives in respect of stillbirths, artificial feeding, etc., as required by the rules of the Central Midwives Board were received.

**Table XXVIII.**

MEDICAL AID FORMS SENT FOR 1951.

	By E.D.N.A. midwives.	By Private midwives.	By Hospitals, etc.
<i>Reasons for calling Medical Aid.</i>			
<i>Ante-natal period.</i>			
Threatened miscarriage ....	2	—	—
Toxaemia ....	—	—	4
Raised Blood Pressure ....	4	—	—
Gross Oedema ....	1	—	—
Abdominal pain ....	2	—	—
Pyrexia with albuminuria ....	2	—	—
Threatened premature labour	—	—	—
<i>Labour :</i>			
Ante-partum haemorrhage ....	3	—	1
Abnormal presentation ....	3	—	3
Prolonged first stage ....	1	—	—
Prolonged second stage ....	3	—	5
Foetal distress ....	—	—	2
Retained Placenta ....	2	—	1
Ruptured Perineum ....	12	—	16
Post-partum haemorrhage ....	3	—	—
Premature labour ....	2	—	—
<i>Puerperium :</i>			
Secondary P.P.H. ....	—	—	—
Pyrexia ....	5	—	1
Flushed Breasts ....	3	—	—
Inflamed arm ....	—	—	—
Pain in Chest ....	—	—	1
<i>Infant :</i>			
Stillborn ....	1	—	—
White asphyxia ....	1	—	—
Congenital malformation ....	2	—	—
Feeble condition ....	5	—	1
Cyanosis ....	3	—	—
Jaundice ....	1	—	—
Discharging eyes ....	2	—	1
	63	—	36
Total ....	99		

The total figures shew little change from last year's, though the domiciliary midwives made more calls for medical aid and the Mowbray House midwives less.

### BIRTH CONTROL.

A Birth Control Clinic is carried out by the Exeter and District Women's Welfare Association. Cases suitable in the sense of the Ministry of Health's Memorandum 153/MCW are referred to the local authority and granted financial assistance.

Since 1930 a total of 281 cases have been referred.

### HEALTH VISITING.

During the year it has not been possible to maintain an establishment of twelve whole-time health visitors. To some extent this has been made good by the employment of a part-time health visitor, and utilising \*clinic nurses in the school health department.

The following is a summary of 'the health visitors' work for the year EXCLUDING DUTIES CARRIED OUT AS SCHOOL NURSES. The Children Act, 1948, made the registration and supervision of foster children the responsibility of the Children's Committee, but, of course, a health visitor's general duties in respect of such children continue.

Visits in connection with the care of infants	....	16,613
Visits in connection with stillbirths	....	24
Visits in connection with mental defectives under voluntary supervision	....	42†
Visits in connection with infectious disease	....	3,228
Sundry visits, cases referred by hospital almoners, etc.		3,749
	Total visits	<u>23,656</u>

\*Under regulations made by the Ministry of Education under the Education Act, 1944, all school nurses appointed after 1st April, 1946, must be fully qualified health visitors, but in cases of difficulty and during the present shortage a dispensation may be obtained to appoint state registered nurses who are not health visitors. Such a dispensation has been obtained in respect of school nurses. It has not been necessary to obtain a similar dispensation from the Ministry of Health in respect of health visitors employed as such.

†All other mental defectives are supervised by the authorised officers.



## HOME NURSING.

NATIONAL HEALTH SERVICE ACT—  
SECTION 25.

The general arrangements continue on the same lines as described in the report for 1949. The Exeter District Nursing Association acts as the Council's agent : its Home is a key training centre of the Queen's Institute District Nursing Service and a high standard of nursing is maintained.

2,575 patients were nursed in their own homes by the staff during the year ; almost two thirds were women and girls ; 2 in every 5 of the patients were 65 years of age and over and only one in six was under 15 years of age, (Table XXIX). Over 63,000 visits were paid, a record number. A great proportion of the visits (rather more than three quarters) was made to cases of chronic disease and senility. Though the work substantially increased in 1951—patients increased by 16% and visits by 28%—the broad picture resembles quite closely that in 1950, but the influenza outbreak in the first quarter of the year is reflected in the increased proportion of acute chest cases nursed (one seventh of all cases compared with one tenth in 1950).

During 1951 one male nurse student was appointed (on behalf of a County Council) and his work shewed the usefulness of such an appointment ; this was noted by the Association for appropriate attention in 1952. I believe there is place for more professional home nursing of young children, not to supplant but to assist the mother's care which is so important in the management of the sick child.

The table below shews the diversity of conditions for which home nursing has been made available. No cases are refused and in very urgent cases night calls are accepted.

Out of every 100 cases attended, 14 were classified as influenza, pneumonia and other chest infections (not tuberculosis), 9 as acute infections, of various kinds, 8 as requiring post operation nursing, 6 as requiring enemata, 6 as " strokes," 5 as heart disease, 4 as carcinoma and 6 as simple senility. Diabetes—insulin injections—necessitated well over one fifth of all the visits made.

At the end of the year the staff included 7 Queen's Nurses 7 Queen's candidates, 1 State Enrolled Assistant Nurse, together with the Superintendent and 2 Assistant Superintendents. Eleven Queen's Candidates, trained in the Home, took the examination in 1951—all passed.

Table XXIX.  
SUMMARY OF WORK UNDERTAKEN BY HOME NURSES IN 1951.

	REQUEST BY				AGE GROUP					M. OR F.		Total Visits	RESULT				Remain- ing on Books
	G.P.	Hosp.	P.H. Dept.	Others	0-1	1-5	5-15	15-65	65 and over	M.	F.		Deaths	Transd. to Hosp.	Conval- escent	Remov- ed for other causes	
(a) Influenza .....	30	—	—	3	—	—	3	20	11	15	19	359	1	2	30	1	—
(b) Pneumonia .....	112	—	—	2	8	8	7	59	38	48	72	1,703	5	14	95	6	—
(c) Other chest infections .....	181	1	—	9	22	14	11	140	9	91	105	1,827	5	18	160	8	5
(d) Other acute infections (Abscess, tonsillitis, dermati- tis, urinary infection, obscure infection, etc.)	300	11	—	7	13	22	24	242	20	139	182	2,751	6	24	223	62	6
(e) Ear infections .....	86	20	9	2	10	48	41	19	—	58	60	939	—	6	107	3	2
(f) Acute infectious disease :																	
(a) Measles .....	10	—	—	2	—	5	6	1	—	5	7	118	—	—	12	—	—
(b) Whooping Cough .....	10	—	—	—	4	4	2	—	—	5	5	81	—	1	9	—	—
(c) Others .....	8	—	—	1	3	2	1	3	—	5	4	66	—	2	6	1	—
(g) Thread worms .....	25	—	—	1	—	16	9	1	—	5	21	114	—	—	21	5	—
(h) Changing of Pessaries .....	15	15	—	115	—	—	—	46	99	—	145	199	—	—	—	144	1
(i) Pre- X-ray treatment .....	3	56	—	—	—	—	—	45	14	32	27	63	—	—	—	59	—
(j) Enemata (post-operation) .....	153	1	—	2	5	16	7	76	53	67	90	316	—	7	146	3	1
(k) Post operation cases .....	67	134	—	9	7	13	39	100	59	114	104	2,938	4	5	171	19	19
(l) Accidents .....	47	16	—	8	3	5	10	27	31	37	39	979	2	8	51	6	9

Continued on opposite page.

**Table XXIX.**—Continued.  
SUMMARY OF WORK UNDERTAKEN BY HOME NURSES IN 1951.—Continued.

	REQUEST BY				AGE GROUP				M. OR F.		Total Visits	RESULT					
	G.P.	Hosp.	P.H. Dept.	Others	0-1	1-5	5-15	15-65	65 and over	M.		F.	Deaths	Transd. to Hosp.	Conval- escent	Remov- ed for other causes	Remain- ing on Books
(m) Miscarriages .....	22	2	—	17	—	—	—	43	—	—	43	492	—	9	33	1	—
(n) Infectious midwifery .....	4	3	—	16	—	—	—	24	—	—	24	405	—	—	24	—	—
(o) Breast abscess .....	4	2	—	2	—	—	—	9	—	—	9	147	—	—	9	—	—
(p) Flushed breast .....	14	—	—	2	—	—	—	16	—	—	16	145	—	1	15	—	—
(q) Diabetes .....	25	21	—	24	—	—	1	27	77	44	61	14,367	3	11	—	49	42
(r) Tuberculosis .....	25	3	9	—	—	—	—	34	9	20	23	2,855	4	4	7	20	8
(s) Post-strokes .....	106	1	1	7	—	—	—	30	112	50	92	6,609	50	17	24	22	29
(t) Carcinoma .....	79	3	—	4	1	—	—	35	62	36	62	2,436	55	14	1	19	9
(u) Heart cases .....	98	2	—	7	—	—	1	20	98	51	68	3,648	48	18	7	26	20
(v) Arthritis .....	14	1	—	8	—	—	—	13	21	9	25	2,216	3	6	1	8	16
(w) Ulcers of leg .....	43	1	—	9	—	—	—	15	51	12	54	3,561	4	7	22	12	21
(x) Other chronic disease .....	128	6	1	27	1	1	1	84	101	60	128	6,521	18	25	41	70	34
(y) Simple senility .....	102	1	1	23	—	—	—	—	157	62	95	6,911	48	26	—	51	32
TOTAL .....	1,739	300	21	309	77	154	172	1,150	1,022	980	1,595	63,175	256	228	1,242	595	254
Casual and almshouse visits (not included above) .....												613					
												63,788					

Total number of cases attended ..... 2,575

Total number of visits paid ..... 63,788



## VACCINATION AND IMMUNISATION.

NATIONAL HEALTH SERVICE ACT, 1946—  
SECTION 26.

The arrangements for this work are advertised in various ways from time to time. Health Visitors, school nurses, district nurses and midwives play an important part in giving information to parents. A reminder about vaccination is sent to the parent of every child reaching the age of four months, and similarly, particular attention is paid to children of eight to nine months old with reference to immunisation against diphtheria. The importance of re-inforcement doses of diphtheria antigen during school life, especially at or about 5 years of age, on school entry, is emphasised by various members of the school health department. During 1951 the Council decided to ask the Ministry of Health to approve proposals to offer immunisation against whooping cough to young children in the City.

SMALLPOX VACCINATION figures for the year were :—

Primary vaccinations	830	{	By private practitioners	648
			At clinics	182
Revaccinations	545	{	By private practitioners	438
			At clinics	107

## AGE GROUPS OF PERSONS VACCINATED DURING 1951.

	Under 1	1 to 4	5 to 14	15 and over	Totals
Primary	566	61	80	123	830
Re-vaccinations	2	12	99	432	545

The number of vaccinations under 1 year of age was equivalent to 51% of the live births in the year.

These figures must be regarded as relatively satisfactory and compare well with the general experience in the country.

DIPHTHERIA IMMUNISATION figures for the year were :—

Primary		{	By private practitioners	537
Immunisations	1,024		At clinics	487
Re-inforcement		{	By private practitioners	197
Injections	1,912		At clinics	1,715

Of the 1,024 primary immunisations, 933 refer to children under the age of 5. More primary immunisations are now carried out by general practitioners than by the department.

It is estimated that 58% of the children in the city under five years and 82% of the children between five and fifteen are immunised against diphtheria.

#### IMMUNISATION IN RELATION TO CHILD POPULATION.

AGE AT 31.12.51. I.E.—BORN IN YEAR	Under 1 1951	1 1950	2 1949	3 1948	4 1947	5-9 1942-46	10-14 1937-41	Total under 15
Number Immunised by end of 1951 .....	44	664	812	1,013	1,013	4,257	3,985	11,788
Estimated mid-year child population 1951 .....	Children under five 6,110					Children 5-14 10,019		16,129

Dr. I. V. Ward, Assistant Medical Officer of Health has been in charge of this work at clinics, and she is to be congratulated on the excellent results obtained. Thanks are also due to private medical practitioners who have co-operated in the scheme.

#### AMBULANCE SERVICE.

#### NATIONAL HEALTH SERVICE ACT, 1946— SECTION 27.

The local health authority's arrangements with the Exeter Division of the St. John Ambulance Brigade Secretary, to provide as their agents a general ambulance service for the city were continued during 1950. By agreement with the Devon County Council the city service also covers approximately the area of the St. Thomas rural district, appropriate financial adjustments being made. The infectious disease ambulance service remains under the direct control of the health department and covers the whole of the clinical area served by the Exeter Isolation Hospital. The voluntary hospital car service is administered by the county council, the city paying for journeys attributable to it under the Act.

The following tables (Tables XXX and XXXI) summarise the year's work, but it must be understood that whilst the figures relating to the hospital car service refer to patients of whom removal is the direct responsibility of the City Council, all the other figures include substantial numbers referring to patients whose transport is the duty of authorities other than the City

Council and appropriate recovery of charges is effected. It will be possible in my next report to state clearly how much of the work undertaken is the direct responsibility of the City Council.

**Table XXX.**

Type of Service.	Number of vehicles at 31.12.51	Number of Patients.	Number of Journeys.	Mileage.
Infectious Disease Ambulances ....	3	1,013	677	10,610
<i>St. John :</i>				
Ambulances ....	5	6,390	5,510	58,294
Cars ....	2	5,752	4,905	35,862
Train journeys ....	—	207	—	25,968
Voluntary Hospital Car Service ....	17	2,862	2,397	37,664
Totals ....	27	16,224	13,489	168,398

The number of patients and the mileage travelled were slightly less than in 1950.

The following table shows the work done in each month by the ambulance transport service.

The emergency cases removed by the St. John Ambulance Service included 750 by ambulance, involving 2,668 miles journeying and 251 by car travelling 704 miles. These figures refer only to indoor and outdoor accidents and certain street illnesses, and exclude the acute illness cases requiring urgent removal from home and also those abortive journeys made when the ambulance is called to an apparent emergency, but the casualty has gone or has decided to go home on his own when the ambulance arrives.

Considerable efforts were made and with some success, in discussion with the Exeter and Mid-Devon Hospitals Management Committee to make as economical as possible the use of ambulances and, in particular, the hospital car services, for patients attending the city hospitals. An increasing number of cases is carried from the Royal Devon and Exeter Hospital to outlying hospitals, in the early convalescent stage of treatment. It was agreed that a direct telephone line from the Hospital to the Ambulance headquarters would be likely to ensure greater efficiency and should be installed.



Table XXXI.

AMBULANCE WORK ACCORDING TO MONTHS, 1951.

	Infectious Disease Ambulances (including tuberculosis).			ST. JOHN AMBULANCE ASSOCIATION.						Hospital Car Service*	Total mileage per month—all services.		
				Ambulances.			Cars.					Trains.	
				Pat- ients.	Jour- neys.	Mileage	Pat- ients.	Jour- neys.	Mileage			Pat- ients.	Mileage
January	74	52	936	608	547	5,044	374	357	2,594	17	2,262	3,231	14,067
February	45	36	576	528	480	4,636	367	360	2,789	18	1,990	3,327	13,318
March	82	59	827	548	499	5,239	424	382	2,785	14	1,577	2,894	13,322
April	117	81	999	495	411	4,226	456	426	3,081	17	1,747	3,138	13,191
May	87	59	969	475	444	5,060	578	480	2,910	15	1,212	3,056	13,207
June	110	73	1,466	511	432	4,422	463	391	3,146	14	2,072	3,438	14,544
July	97	64	745	515	432	5,121	538	412	3,575	24	3,711	3,559	16,711
August	71	45	446	478	397	4,489	510	423	2,929	19	2,712	2,749	13,325
September	85	48	842	541	418	3,954	470	366	3,129	27	3,090	2,608	13,623
October	72	47	1,106	651	537	5,328	483	429	2,659	11	1,073	3,756	13,922
November	80	46	650	555	458	5,346	550	464	3,187	19	2,545	3,353	15,081
December	93	67	1,048	485	442	5,429	539	415	3,078	12	1,977	2,555	14,087
TOTALS	1,013	677	10,610	6,390	5,510	58,294	5,752	4,905	35,862	207	25,968	37,664	168,398

\*It is not possible to give other details.

## STAFF.

The staff comprised the organising Secretary (Captain F. G. Ireland), an assistant organiser, 2 clerk-telephonists, 1 head driver and 14 driver/attendants. All the drivers are qualified in first aid.

## VEHICLES.

The City Fire Service continued to service the vehicles and this has proved a satisfactory arrangement. One sitting car was sold and replaced by a new one. One ambulance owned by the Council was listed in 1951 for replacement in 1952 and another, owned by the St. John Ambulance Association, has also reached the stage where it would be cheaper to replace it than to maintain it.

## PREVENTION, CARE AND AFTER-CARE.

NATIONAL HEALTH SERVICE ACT, 1946—  
SECTION 28.

## TUBERCULOSIS.

It is convenient to include here all the relevant details regarding tuberculosis.

GENERAL. The number of cases (493) on the register at the end of the year was greater than at the beginning (456), (Table XLII). Approximately five-sixths were respiratory cases, the others being non-respiratory, and a third of these last were cases of tuberculosis of glands of neck, (Table XXXIII). More notifications were made during the year than in any recent year and there were markedly fewer deaths recorded than in any previous year, (Table XXXIV).

New drugs have helped in the reduction of mortality, and mass miniature radiography in recent years has led to more intensive case finding. The age notification of new cases showed the significance of the disease in early adult life in women whereas in men, the scatter is much more even throughout adult life, (Table XXXV). Of the new cases notified during the year, 23 were housewives, 9 were members of H.M. Forces, and 8 were school children. The age and sex distribution of the deaths during the year are shewn in Table XXXVI.

Comparing the six years before the war, the six war years and the six post war years (Table XXXVII), the notifications of new cases in aggregate do not vary substantially so far as pulmonary tuberculosis is concerned, but there has been a dramatic drop in the number of non-pulmonary cases, possibly attributable to increasing pasteurisation of milk; it must be remembered that not all non-respiratory tuberculosis has been due to milk,



some being due to infection from human sources. In the aggregate there has been a drop in the notifications among women, but in 1951 there was a substantial *increase* as compared with 1950 and 1949. Of course, if mass miniature radiography and other measures are resulting in better case finding that is not a loss, but a gain. In time, if we grapple with the problems from the preventive aspect as energetically as we try to cure the victims, we will make dramatic improvements.

PATHOLOGICAL EXAMINATIONS carried out for the dispensary numbered 1,253 and included the following (the positive findings are numbered in brackets) :— sputum 579 (135), sputum culture 226 (54), guinea pig inoculation 15 (4), gastric lavage 7 (0), pleural fluid 7 (1), other examinations (E.S.R. etc.) 410.

WAITING TIME FOR ADMISSION TO HOSPITAL. I must emphasise how fortunate we are in the good relations existing between the Health Department, which has duties in regard to prevention and after-care, and the hospital service for tuberculosis which has primarily the duty of diagnosis and treatment. Usually admission to hospital can be arranged within a few weeks and rarely does it take more than a month. At the Whipton Isolation hospital further beds were made available during 1951 for male patients and the waiting list for men and boys was reduced considerably. The longest period of delay of admission to hospital of a case last year was four and a half months, and that was quite exceptional.

MASS MINIATURE RADIOGRAPHY. There were two mass miniature surveys in the city during the year in co-operation with the Health Department in May and October ; the first for general occupational groups with three " open " sessions for the public, the second primarily for educational groups, including school leavers, residential school children, university and college students, teachers, but also including staffs of children's homes and nurseries, etc., chest clinic contact cases, and three open sessions for the general public. Although the unit (operated by the Regional Hospital Board, and under the direction of Dr. Sheers of Plymouth) was set up in the Buddle Lane Community Centre and, therefore, at a considerable distance from the centre of the city, the response has been excellent. In all 7,092 persons (mainly, but not exclusively from Exeter) attended, including 869 school leavers and 104 teachers. 47 newly discovered believed significant cases of tuberculosis were found as a result of the surveys— (Table XXXVIII), appropriate action being taken by Dr. Boyd, Chest Physician, at the Dispensary. 24, including 12 open cases, of these were confirmed on full examination at the chest clinic to be new, definite cases, 18 of them receiving treatment in a sanatorium (Table XXXIX). Thus, 12 open cases with tubercle organisms in the sputum were appropriately dealt with so that they themselves were suitably treated and the risk to the public



obviated. Three of the cases were back at work at the end of the year. The total cases (confirmed) found = 3.4 per 1,000 examined ; " open " cases found = 1.7 per 1,000.

EXAMINATION OF CONTACTS. 799 persons known to be in contact with cases of tuberculosis (either at home or at work) were examined—of these 308 were examined for the first time and all but 14 were under 35 years of age. 3 of these newly found contacts were found to be tuberculous and 5 others, already seen in previous years, were now found to be affected, all but one being respiratory cases.

HOME VISITS. The Tuberculosis Health Visitor made 1,387 home visits during the year for many purposes both to patients and their home contacts. It would take too long to detail these, but it can be said that both in case finding, and in advice as to home care, and prevention, in the study of the social factors at work in any particular case, in tuberculin testing (under the supervision of the Chest Physician) she does invaluable work. The Chest Physician made 236 home visits for the examination of cases.

RE-HOUSING. The Council's Housing Committee deals very sympathetically with requests for consideration of tuberculous families in regard to better housing. It must be remembered that better housing is an important contribution to prevention and care—especially in the large family—but it is by no means the only thing that counts. A healthy way of life is not assured by a good house, though a bad and overcrowded house may make it very difficult or impossible.

EXTRA NOURISHMENT. 17 patients were granted extra nourishment (up to two pints of milk a day) for periods of from three to nine months. This is a valuable service.

OCCUPATIONAL THERAPY. The British Red Cross Society kindly undertook to give simple training in recreational occupations to a small number of Tuberculous patients on the recommendation of the Chest Physician, and a suitable grant of £1 per case was made by the Council to purchase equipment.

B.C.G. VACCINATION. Good progress has been made during the year. 90 children, at ages varying from 7 months to 14 years, in 82 families were vaccinated by the Chest Physician using B.C.G. vaccine. 14 nurses were also immunised.

TUBERCULIN TESTING. 255 preliminary tuberculin tests were carried out in cases proposed for B.C.G. vaccination, only 138 of these were negative. 98 tests were done after B.C.G. vaccination and were all positive.

It was hoped to link up mass miniature radiography of the school leavers with tuberculin testing so that those found to be

negative in both—and, therefore, not infected at any time—might be offered B.C.G. vaccination in order to protect them on entering work in the world, but the Ministry of Health would not agree with the proposal until more survey work on the problem had been carried out.

A summary of the work of the Exeter Chest Clinic, which is, of course, still mainly engaged in tuberculosis work, is set out in Table XL. Dr. Boyd, Chest Physician, has kindly given me the details; much of the work indicated is work carried out for the Exeter Special Hospital Management Committee, but some of it is work carried out for the City Council.

**Table XXXII.**

TUBERCULOSIS STATISTICS FOR THE CITY.

Total cases on Register, 1st January, 1951		456
Pulmonary	379	
Non-Pulmonary	77	
Total notifications received after deduction of 5 duplicates but including 34 received otherwise than by formal notification		142
Pulmonary	128	
Non-Pulmonary	14	
Deaths during the year from Tuberculosis		19
Pulmonary	14	
Non-Pulmonary	5	
Deaths during the year of Tuberculous patients from other causes		4
Pulmonary	4	
Non-Pulmonary	—	
Outward Transfers		45
Pulmonary	42	
Non-Pulmonary	3	
Number of cases removed from Register as "Recovered" or "Mistaken Diagnosis"		35
Pulmonary	29	
Non-Pulmonary	6	
Taken off the Register under the 'Public Health (Tuberculosis) Regulations 1930'		2
Pulmonary	2	
Non-Pulmonary	—	
Total Cases on Register, 31st December, 1951		493
Pulmonary	416	
Non-Pulmonary	77	

Table XXXIII.

CASES ON TUBERCULOSIS REGISTER (31ST DECEMBER, 1951).

AGE GROUP.	RESPIRA-TORY	NON-RESPIRATORY						
		Neck glands	Genito-urinary	Spine	Other bones and Joints	Ab-dominal	Meninges	Lupus, Mastoid
MALE								
0-5 .....	1	—	—	—	—	—	—	—
5-15 .....	21	4	—	—	4	1	—	—
15-25 .....	52	4	—	1	2	2	—	—
25-35 .....	63	—	2	1	1	—	—	—
35-45 .....	45	—	3	2	—	—	—	—
45-65 .....	53	—	—	2	—	—	—	—
Over 65 .....	6	1	—	—	—	1	—	—
Total Male .....	241	9	5	6	7	4	—	—
FEMALE								
0-5 .....	—	—	—	—	—	—	—	—
5-15 .....	11	3	—	—	1	1	1	2
15-25 .....	49	5	1	—	1	3	1	—
25-35 .....	63	6	2	1	5	—	—	—
35-45 .....	27	2	2	1	1	—	—	—
45-65 .....	18	2	1	1	1	—	—	1
Over 65 .....	7	—	—	1	—	—	—	—
Total Female .....	175	18	6	4	9	4	2	3
Total Male and Female .....	416	27	11	10	16	8	2	3

GRAND TOTAL, 493.

Table XXXIV.

TABLE SHOWING THE MORTALITY IN EXETER FROM TUBERCULOSIS DURING THE PAST 10 YEARS.

Year	DEATHS.			DEATH RATE.			DEATHS OF CHILDREN UNDER 5.
	Pulmon-ary	Non-Pulmon-ary	Total	PER 1,000 POPULATION			
				Pulmon-ary	Non-Pulmon-ary	Total	
1942	41	8	49	0.55	0.108	0.658	1
1943	44	11	55	0.64	0.16	0.80	2
1944	47	7	54	0.68	0.1	0.78	1
1945	42	10	52	0.62	0.14	0.76	—
1946	33	10	43	0.45	0.14	0.59	—
1947	35	4	39	0.47	0.05	0.52	1
1948	31	4	35	0.41	0.05	0.46	—
1949	32	8	40	0.42	0.1	0.52	1
1950	32	2	34	0.41	0.03	0.44	—
1951	14	5	19	0.18	0.07	0.25	—



**Table XXXV.**

TUBERCULOUS NOTIFICATIONS DURING 1951,  
ARRANGED ACCORDING TO AGE.

AGE AT NOTIFICATION			NEW CASES (108)			
			Pulmonary.		Non-Pulmonary.	
			Male.	Female.	Male.	Female.
0	....	....	—	—	—	—
1	....	....	—	—	—	—
2	....	....	1	—	—	—
5	....	....	5	1	—	—
10	....	....	1	1	—	—
15	....	....	8	6	1	1
20	....	....	6	10	1	1
25	....	....	6	14	—	2
35	....	....	7	5	1	2
45	....	....	6	3	—	1
55	....	....	9	—	—	—
65	....	....	5	2	—	1
75 and over	....	....	—	—	1	—
Totals	....	....	54	42	4	8

108

**Table XXXVI.**

TUBERCULOSIS DEATHS DURING 1951, ACCORDING TO AGE.

AGE AT DEATH.			DEATHS.			
			Pulmonary.		Non-Pulmonary.	
			Male.	Female.	Male.	Female.
0	....	....	—	—	—	—
1	....	....	—	—	—	—
2	....	....	—	—	—	—
5	....	....	—	—	—	—
10	....	....	—	—	—	—
15	....	....	—	1	—	—
20	....	....	—	—	—	—
25	....	....	—	3	—	2
35	....	....	2	—	1	—
45	....	....	4	—	1	—
55	....	....	2	—	—	—
65	....	....	1	1	—	1
75 and over	....	....	—	—	—	—
Totals	....	....	9	5	2	3

3 cases of Pulmonary Tuberculosis were notified after death.

**Table XXXVII.**

## PRIMARY NOTIFICATIONS OF TUBERCULOSIS (1934—1951).

AGE GROUP	RESPIRATORY.			NON-RESPIRATORY.		
	6 years pre war 1934-1939	6 years war years 1940-1945	6 years post war 1946-1951	6 years pre war 1934-1939	6 years war years 1940-1945	6 years post war 1946-1951
<b>MALE</b>						
0-5	4	2	2	22	9	1
5-15	23	23	21	31	42	21
15-25	65	73	76	12	18	10
25-35	57	76	49	12	10	3
35-45	39	40	38	6	10	5
45-65	72	75	76	8	6	1
Over 65	11	7	13	4	—	4
Total Male	271	296	275	95	95	45
<b>FEMALE</b>						
0-5	3	3	2	19	7	6
5-15	28	16	7	30	33	12
15-25	74	83	83	28	26	17
25-35	57	69	50	14	16	9
35-45	26	32	28	4	13	8
45-65	22	33	24	8	11	5
Over 65	9	5	11	9	5	2
Total Female	219	241	205	112	111	59
Total Male and Female	490	537	480	207	206	104
Average No. of annual notifications	82	89	80	34	34	17

**Table XXXVIII.**

## MASS MINIATURE SURVEYS, 1951.

	Male.	Female.	Total.	Cases referred to T.B. Dispensary
Number examined :—				
In May survey	3,136	1,807	4,943	32
In November survey	1,221	928	2,149	15
Total	4,357	2,735	7,092	47

**Table XXXIX.**

## CASES EXAMINED AT CHEST CLINIC ON REFERRAL FROM MASS RADIOGRAPHY UNIT DURING 1951, WITH FINAL FINDINGS.

SUMMARY : Total referred 47 ; Proven 24. (Positive sputum 12, negative sputum 12)

## AGE IN YEARS

		Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	TOTAL
Cases referred.	M.	4	5	4	3	1	2	2	21
	F.	2	11	9	3	—	1	—	26
Cases referred.	M.	open	1	1	—	1	—	1	5
		Not open	1	—	—	—	1	—	2
	F.	Open	—	2	4	—	1	—	7
		Not open	1	5	3	1	—	—	10

**Table XL.****EXETER CHEST CLINIC.**

	1949	1950	1951
1. Number of New Cases diagnosed as suffering from Tuberculosis ....	58	95	108
2. Number of New Patients examined during the year and found NOT to be suffering from Tuberculosis ....	332	347	468
3. Number of old " Contacts " examined during the year ....	339	393	491
4. Number of new " Contacts " examined during the year ....	154	213	308
5. Re-attendances of tuberculosis patients already known ....	1,065	930	950
6. Number of Inward Transfers received during the year from other Clinics ....	43	65	60
7. Number of B.C.G. Vaccinations carried out during the year ....	Nil.	26	104
8. Number of X-ray films taken during the year	1,159	1,403	1,738
9. Number of Screenings made during the year	895	1,166	1,462
10. Number of Refills given during the year ....	619	1,099	1,453
11. Number of Pathological Examinations made during the year ....	—	623	1,229

Much of the information in this table refers to hospital functions, and it is included by courtesy of Dr. Boyd, Chest Physician, who acts jointly for the South Western Regional Hospital Board and Local Health Authority.

**VENEREAL DISEASE.**

The clinic is the responsibility of the Exeter and Mid-Devon management committee of the South Western Regional Hospital Board. St. Mary's Home for the treatment of infected unmarried mothers is under the same authority.

The local health authority's duties are no longer concerned with diagnosis and treatment. Its principal concern is the medical social work including especially such follow-up work and supervision outside the clinic as may be required—in contact tracing, on securing continuity of treatment to the stage of cure, and in seeing that the children of infected parents are examined in order to find out if they need treatment.

There has always been good co-operation between the health department and the clinic officers, and this has continued. Dr. Dunkerley, who is in charge of the clinic, has kindly told me that 76 letters were sent and 32 visits were made by the almoner in regard to defaulters etc., in consequence, 25 attended the clinic. This question of contact training and defaulters attendance is an exceedingly difficult one and my own view is that specially trained social workers are needed but as stated in my last report it has not been possible to introduce this service here.



The following table (Table XLI) shews the position from 1942 to 1951 in regard to attendances of new cases at the Centre :—

**Table XLI.**  
EXETER RESIDENTS.

Year	New cases of Syphilis.	New cases of Gonorrhoea	New cases of Chancroid	Examined and found not to be suffering from V.D.
1942	23	42	—	65
1943	11	23	1	99
1944	34	19	—	134
1945	30	25	—	116
1946	53	56	—	202
1947	31	46	—	115
1948	17	29	—	100
1949	9	22	—	104
1950	15	13	—	80
1951	9	8	—	72

### CARE AND AFTER-CARE OF OTHER TYPES OF ILLNESS — ILLNESS GENERALLY.

This work is very important but so far, as in the rest of the country, not much has been done. I am very anxious that health visitors should act in co-operation with, and under the direction of the private doctors, in regard to after care by way of advice.

During the year 46 persons were specially referred by hospital almoners. I am glad to be able to say that co-operation by the city hospitals is improving all the time especially in regard to school children. In addition numerous routine enquiries and follow-up visits, which have always been part of the work of the department, were made.

#### *Loan of Sick room requisites.*

During 1950 the council decided not to make charges for sick room requisites on loan but breakages must be replaced. This free loan service has not been abused and is much appreciated. Loans include :— air rings 149, back rests 138, bed cradles 30, bed tables 7, mackintoshes 198, sorbo rings 49, feeding cups 8, wheel chairs 4, bed pans 220, urinals 93, commodes 16. The Exeter District Nursing Association's Home is the centre for distribution.

### HEALTH EDUCATION.

The most important form of health education is achieved by personal contact of the staff with the residents ; e.g. health visitors and sanitary inspectors during their visits and during clinic sessions ; doctors in clinics meet the mothers, and at school

meet the children and parents. In addition, talks are given by members of the staff to groups of interested persons : posters are also displayed on public hoardings and in clinics. It was resolved by the committee to issue leaflets discussing the early recognition of cancer of the breasts and cancer of the womb to women's organisations in the city with a view to their circulation among the members. The exhibits of the Central Council for Health Education have been displayed at the Alice Vlieland Clinic ; various leaflets have been distributed.

## NATIONAL HEALTH SERVICE ACT, 1946— SECTION 29.

### DOMESTIC HELP SERVICE.

(Organiser : MISS M. I. HUMPHERSON).

The service was described in detail in the report for 1949 and the general arrangements were unchanged during 1951.

#### *Staff.*

The staff comprised at the end of the year a supervisor, an assistant supervisor, 8 full-time and 19 part-time domestic helps ; the average age of the domestic helps was 42 years. Sick leave amounted to 569 days' full pay and 198 days' half pay. The workers, though not trained in any formal way, do their work quite satisfactorily.

#### *Summary of work undertaken.*

				<i>No. of cases helped.</i>		<i>No. of hours worked.</i>	
				<i>Full-time.</i>	<i>Part-time.</i>	<i>Full-time.</i>	<i>Part-time.</i>
<b>MATERNITY.</b>							
(a)	Confinement	....		84	43	7,717½	2,007½
(b)	Ante-natal	....		2	7	516½	959
<b>ACUTE ILLNESS.</b>							
(a)	Under pension age	....		32	37	4,951	3,214½
(b)	Over pension age	....		2	10	1,159	1 019½
<b>CHRONIC SICKNESS.</b>							
(a)	Under pension age	....		2	11	374	2,511
(b)	Over pension age	....		2	6	641	1,722
<b>OLD AGE AND INFIRMITY</b>				1	25	373	5,867½
<b>MENTAL DEFECTIVES</b>				—	—	—	—
<b>OTHERS</b>				—	9	—	1,224
<b>Totals</b>				125	148	15,732	18,525
				273		34,257	

The total time engaged in the service was almost the same as in 1950 but a good deal less time was given to maternity cases than in 1950 and a good deal more to acute illness. No cases are accepted unless there is a medical-social need; every case is reviewed as to need 3 monthly; financial circumstances are checked on application and reviewed 3 monthly. The maximum charge to the householders was £4 per week of 50 hours. One of the big administrative problems is the loss of time that occurs in whole-time workers, both in travelling, and in between cases—an hour or two lost now and again very soon mounts up.

Despite the existing crowding of the main office, in October the headquarters of the service were removed from St. Pancras Lane to 5, Southernhay West, because the disadvantage of being away from the main office proved so considerable; this has proved very advantageous to the service, and indeed to the office in regard to this section.

## MENTAL HEALTH SERVICES.

(Sections 28 and 51, National Health Service Act, 1946).

### (1) ADMINISTRATION.

The mental health sub-committee of the health committee consisting of seven members of the local health authority and two co-opted members (one of whom is the Medical Superintendent of Digby Hospital, the other a general practitioner representing the local medical committee) meet quarterly.

The other arrangements are as described in my report for 1950.

### (2) COMMUNITY MENTAL HEALTH CARE.

(Section 28, National Health Service Act, 1946).

#### *Prevention, Care and After-Care.*

Efforts have been made without success to obtain the services of a qualified psychiatric social worker, the appointment to be jointly made by the local health authority and the local mental hospital; it was intended in this way to link up the Authority's service of after-care and prevention with the Board's hospital care. In the meantime, the mental health workers of the department have been completing the necessary reports for the hospital and carrying out after-care of patients discharged from mental hospitals, when necessary.



The local general practitioners utilise the services of the department in regard to early cases of suspected mental illness needing hospital care. Of the 202 Exeter admissions to mental hospitals during the year 135 (66.8%)—a bigger number but smaller proportion than in 1950—were as voluntary patients. In a few instances, patients were admitted more than once in the year.

Dr. Russell (Medical Superintendent, Digby Hospital) has helped me very much both by encouraging and to a considerable extent guiding the Council's mental health workers, and by visiting patients at their own homes prior to admission or interviewing them in hospital, all of which assists us to help mentally ill persons and in some cases assists patients themselves to seek further treatment and hospital care.

(a) LUNACY AND MENTAL TREATMENTS ACTS, 1890-1930.

*Statutory duties carried out by authorised officers.*

During the year the authorised officers were called upon to deal with 238 cases, as follows :—

	Male.	Female.	Total.
Admitted to hospital under Section 20 of the Lunacy Act, 1890 ....	17	29	46
Admitted as Voluntary Patients under Section 1 of the Mental Treatment Act, 1930 ....	50	83	133
Certified under Section 16 of the Lunacy Act, 1890 ....	12	7	19
Admitted as Temporary Patients under Section 5 of the Mental Treatment Act, 1930 ....	1	1	2
Voluntary Patients under Section 4 of the Criminal Justice Act, 1948	2	—	2
No statutory action necessary ....	21	15	36
Totals ....	103	135	238

*Visits made by authorised officers to the mentally ill.*

	Male.	Female.	Total.
Investigations ....	213	242	455
After-care visits ....	47	65	112
	260	307	567

In many of the cases where no statutory action was found necessary the mental health worker gave help and assistance to those temporarily in difficulties. It was noticeable that many of these cases referred to the department for advice were elderly persons on the one hand, and on the other, young persons living in shared-accommodation, often with "in-laws."

### *The Aged.*

A serious problem is the elderly person who is deteriorating mentally but is unsuitable for active treatment in a mental hospital. The shortage of mental hospital beds and of beds for the elderly sick makes the problem very acute. As far as possible these cases are not certified. The position is sometimes made more serious when the elderly person is living alone but the department is sometimes able to give assistance through its domestic help and home nursing services ; and the health visitors, rather than mental health workers, visit these old people to give any necessary assistance. There is excellent co-operation between the Council's Welfare Service, the City Hospital, Digby Hospital and the Health Department.

### *Section 20 Cases.*

Of the 46 cases admitted to hospital under Section 20 of the Lunacy Act, 1890, which deals with the very urgent cases, (often violent) and which empowers the Authorised Officer to effect immediate removal to a mental hospital without the approval of a Justice, 15 subsequently became voluntary patients within the period of three days, 4 were discharged to their homes to be kept under observation and the remaining 27 cases were dealt with under Section 21A of the Lunacy Act, 1890, being detained for a further period of observation by the medical officer of the hospital. Within the further period of fourteen days allowed for observation, these 27 cases were dealt with as follows :— 16 became voluntary patients ; 3 were certified under Section 16 of the Lunacy Act, 1890 ; 2 became temporary patients under Section 5 of the Mental Treatment Act, 1930 ; and 6 were sent home to be kept under observation by the mental health workers.

Table XLII.

EXETER RESIDENTS SUFFERING FROM MENTAL ILLNESS IN  
HOSPITALS DURING THE YEAR 1951, TOGETHER WITH AD-  
MISSIONS AND DISCHARGES.

In this table every admission and discharge is counted. Some patients have been admitted and/or discharged more than once.

AGE GROUP. (Years).	State at 1st Jan., 1951. (In hospital). *				Admissions.				Discharges.				Deaths.				State at 31st Dec., 1951 (Remaining In) *			
	(1).	(2).	(3).	(4).	(1).	(2).	(3).	(4).	(1).	(2).	(3).	(4).	(1).	(2).	(3).	(4).	(1).	(2).	(3).	(4).
14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
44.																				
Male	6	—	32	—	25	—	3	8	15	—	2	8	—	—	—	—	16	—	33	—
Female	6	—	23	1	34	—	2	11	25	—	1	11	—	—	1	—	15	—	23	1
64.																				
Male	7	—	30	—	18	—	5	4	10	—	3	4	1	—	2	—	14	—	30	—
Female	9	—	66	—	27	1	2	9	24	—	2	9	2	—	1	—	9	1	67	—
and over.																				
Male	6	—	23	1	9	1	4	5	5	—	4	6	2	—	5	—	8	1	18	—
Female	9	—	55	—	22	—	3	9	10	—	2	8	2	—	9	—	20	—	45	1
TOTALS	43	—	229	2	135	2	19	46	89	—	14	46	7	—	18	—	82	2	216	2
	274																302			

\*Figures in brackets denote : (1) Voluntary ; (2) Temporary ; (3) Certified ; (4) Section 20.

### Hospital Psychiatric Out-Patients Clinics.

There are two out-patient clinics in the city and a follow-up clinic for former mental hospital patients, all of which are held weekly at the Royal Devon & Exeter Hospital.

The psychiatrists in charge of the clinics are in close touch with the department about patients where admission to hospital seems necessary. In some cases the mental health workers visit the patients at home, if the general practitioner so wishes, prior to their voluntary admission. It has been found that patients dealt with in this manner, who had previously been hostile to the idea of entering a mental hospital, tend to regard the mental health workers as friends and this is kept up while in hospital. This is particularly useful when relatives are unable or in some instances unwilling, to visit them in hospital, and the authorised officers who now know the patient can maintain the patient's contact with the outside world when visiting the hospital.



## (b) MENTAL DEFICIENCY ACTS, 1913-1938.

(1) *Ascertainment.*

The position in Exeter continues to be very satisfactory. With the co-operation of the School Health Service early reporting has been made in all cases who are found to be "ineducable." Suitable children (of the imbecile grade) have been admitted to the occupation centre for training, before they reached the compulsory school age of five years; this is most desirable as training at the earliest opportunity is most beneficial. 20 cases were "ascertained" during the year, 18 being "subject to be dealt with" and 2 *not at present* "subject to be dealt with," as follows :—

	Male.	Female.	Total.
Cases reported by the Local Education Authority under Section 57(3) of the 1944 Education Act	5	1	6
Reported under Section 57(5) :			
(1) On leaving Special Schools	—	1	1
(2) On leaving Ordinary Schools	4	3	7
Cases reported from the Courts	3	—	3
Cases reported, "subject to be dealt with"	1	1	2
Cases reported by <i>not at present</i> "Subject to be dealt with"	—	1	1
	13	7	20

DISPOSAL OF CASES.	Male.	Female.	Total.
Sent to Institutions	2	—	2
Taken to "Place of safety"	—	1	1
Placed under Statutory Supervision	11	5	16
Placed under Voluntary Supervision	—	1	1
	13	7	20

At the end of the year there were 6 cases (3 males and 3 females) awaiting urgent admission to institutions. This number is small mainly because of the facilities of the occupation centre.

### MENTAL DEFECTIVES FROM EXETER IN HOSPITALS AT THE 31ST DECEMBER, 1951.

	MALE.		FEMALE.		TOTAL.	
	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16
Royal Western Counties Group	11	73	1	51	12	124
Rampton Hospital	—	3	—	2	—	5
Other Hospitals	1	1	—	9	1	10

(2) *Guardianship and Supervision.*(a) *Guardianship.*

During the year there were 4 cases (3 men and 1 woman) under guardianship. No allowances are paid by the local health authority to these; two of the men were able to work and the remaining man and woman received national assistance. The woman under guardianship attended the occupation centre on two afternoons a week for the purpose of receiving training in embroidery and sewing work.

(b) *Supervision.*

At the end of the year there were 126 mental defectives under statutory supervision in the city and 83 under voluntary supervision; the following table shows their age and sex distribution :—

<i>Age Group.</i>	STATUTORY SUPERVISION.			VOLUNTARY SUPERVISION.		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Under 16 years .....	20	14	34	—	—	—
Over 16 years .....	42	50	92	40	43	83
Totals .....	62	64	126	40	43	83

## AUTHORISED OFFICERS' HOME VISITS TO MENTALLY DEFECTIVE PERSONS.

<i>Type of Case and reason for visit.</i>	<i>Visits to children under 16 years of age.</i>		<i>Visits to Persons over 16 years of age.</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Voluntary Supervision .....	—	—	57	12
Statutory Supervision .....	37	46	187	148
Guardianship .....	—	—	28	2
Section 11 .....	—	—	22	32
" On Holiday " .....	—	—	13	8
Licence Leave .....	—	—	2	2
	37	46	309	204
Visits by Health Visitors (Voluntary Supervision) .....	—	—	—	56
	37	46	309	260

Of the 43 mentally defective women over the age of 16 years, who are under voluntary supervision, 40 are visited by the Health Visitors, the remaining 3 being visited by the mental health workers who are already

visiting the household for other reasons. Close liaison is maintained between the health visitors and the mental health workers to ensure that only one visitor is calling on the household at any one time.

The majority of the mental defectives under supervision are in employment but 33 of them are unable to hold a job ; of these 22 (16 men and 6 women) would benefit from training in an industrial centre for adult defectives.

In addition to visits tabulated in the table, 191 visits were made by the authorised officers to Juvenile Courts, Employment Bureau, Assistance Board and Ministry of Pensions offices in connection with the welfare of these defectives.

Mental defectives who are reported to the local authority under Section 57(5) of the 1944 Education Act, on leaving school are, as far as possible, placed in "selected" employment taking into account each child's limitations. They are encouraged to get jobs by their own efforts as it has been found by experience that they do better in jobs they have found themselves ; if unsuccessful in this task the mental welfare officer consults the youth employment officer regarding their employment.

All of the 8 children (4 boys and 4 girls) reported under Section 57(5) of the 1944 Education Act, during the year obtained jobs by themselves. One of the boys appeared before the juvenile court and was placed on probation. He lost his job and in spite of efforts to "place" him, he again appeared before the magistrates and is to be dealt with upon petition when a suitable vacancy can be obtained in an institution.

### (3) *Occupation Centre.*

#### (a) *General.*

The purpose of the centre is to give training which can help the child to occupy himself happily, and without nuisance to others, to make his needs known, to care for himself and to be considerate and in a small way to be useful : some can do quite good work in a limited field. Some appreciation of music and rhythm, of form and colour is possible to many of these children and early and patient training can do much for them. It is hard but rewarding work. Letters and expressions of gratitude have been received from many of the parents who have been relieved of the necessity for the constant attention they had formerly to give to their children. At home they are now well-mannered and controllable. But it cannot be forgotten that when these children reach 16



years of age they must leave, and there is nowhere for them to go. The city needs an industrial centre, possibly run in conjunction with other bodies, to help them and higher-grade feeble-minded defectives where training in certain crafts is practicable, e.g., mat making, boot repairing and carpentry.

None of the children attending the centre will ever be self-supporting and all will need supervision. During the year one of the bigger boys, who came from the County area did obtain a routine job with his father, but this is quite exceptional.

At the end of 1951, 26 children aged from 4-16 were on the register, including 4 from Devon County. The attendance has been very good averaging 87%.

(b) *Staff.*

The staff consists of a trained supervisor (Mrs. A. Horton) and two assistants, who have shewn untiring enthusiasm and great patience, and the improvement in a lot of the children (and their parents) has been very manifest.

(c) *Premises.*

The Mission Hall (the Occupation Centre premises) is very old, but has the advantage of space and store-rooms adjacent, in addition to a plentiful supply of hot water. One disadvantage is the lack of small rooms to accommodate separately the smaller children. An additional small room has been rented, in the premises, from the Exeter City Missions. There are no outdoor facilities, no chance of gardening work for the bigger boys, although a neighbouring pleasure ground is used on fine days, being a few minutes walk from the centre. I must emphasise the very urgent need for better premises.

(d) *Sessions.*

The centre is open on Mondays to Fridays (except school holidays) from 10.0 a.m. to 4.0 p.m. During the year the holidays have been changed to coincide with the ordinary school holidays as the majority of the parents preferred this to the shorter holidays, previously in operation.

(e) *Curriculum.*

Puppetry has been added to the curriculum described in my last report.

(f) *Milk and Mid-Day Meals.*

Pupils of school age are eligible for the issue of free milk, as supplied to school children in ordinary schools,

and a mid-day meal is provided on payment of 7d. per head by parents. Some, according to an assessment scale are eligible for free meals.

(g) *Medical Supervision.*

Each week a health visitor pays a visit to the centre and a half-yearly medical inspection is carried out by a medical officer of the department. Children requiring treatment at the minor ailments clinic at any time are taken to the school health clinic, where they may be seen by the medical officer. All the children attending the centre have now been immunised against diphtheria.

The health of the children has been good. During the year one child was excluded on account of whooping cough, one on account of contact with a case of dysentery, one suffering from chicken pox and another from mumps.

(h) *Transport.*

County cases come with a guide. Up to the end of October the Exeter parents brought their children to and from the centre daily. Bus tickets were provided for the children and their escorts, according to an assessment scale. From November a private taxi system was inaugurated and the average attendance each week was increased from 73% to 87% mainly because of this. The taxi collects the children from pre-arranged points in the city each morning and returns them to their parents at the same point in the afternoon. A charge (up to 2/6) is made each week, according to an assessment scale; in some instances no charge is made.

(i) *Open Day.*

An "open day" was held early in December, when the parents of children who had made useful articles, mats, rugs, tea cosies, raffia mats and baskets were given first opportunity of purchasing these articles. It is hoped that by next year many more articles will be made by the pupils, who have progressed remarkably since the opening of the centre in September, 1950. During the "open day" the children took part in a "Nativity Play" which was very moving.

*Mental Health Staff—Training.*

During the year one of the authorised officers attended a week's refresher course at the University of Bristol and the Senior Assistant at the Occupation Centre attended a refresher course at Manchester University. These courses have been appreciated and found most useful.



## APPENDIX.

**THE NATIONAL CENSUS (1951) AND EXETER.**

The National Census taken on 8th April, 1951, shewed Exeter's population to be 75,479 (34,989 males and 40,490 females) an increase of 7,872 (or 11.6%) (3,303 males and 4,569 females) since 1931. The city extended its boundaries in 1939 and added to its population about 1,600 persons, and almost doubled its area, but the 1931 population has, for the purpose of comparison, been adjusted by the Registrar General to allow for this. The female population increased more, both absolutely and relatively, than the male population during the twenty year period April, 1931—April, 1951. The "natural increase," which is the excess of live births over deaths, in the city from 1931-50 (both years' inclusive), which very closely approximates to the actual inter-censal period, was 3,972 (2,564 males and 1,408 females) so that the remaining increase of 3,900 is the balance of immigration and emigration and war service casualties, but not civilian casualties. (I am discounting the slight error included due to my having no knowledge of the natural increase from 1931 to 1939 in the population of the area added in 1939). It is clear, therefore, that the net immigration of females has been considerable (3,161), but of males has been much smaller (739). War-time reception of women and children from the evacuation area may be a factor in this; it may be that the distributive and hotel trades in the city provide more opportunity of work for women coming in to the city than other trades provide for men coming in.

The population was slightly smaller than had been estimated by the Registrar General and quoted in my last report as the estimated mid-year population 1950.

By size of population Exeter is the 91st town in the country. Of course, that is only one measure of importance and, indeed, a very crude one.

The "one per cent Registrar General's (Census) sample tables," part I, give some interesting figures about Exeter based on the analysis of 1% of all the census forms completed in the city. The variations from the figures referred to above are due to the fact that these figures, quoted below, are those taken from the sample multiplied up to represent the whole; females are over-represented and males under-represented; it is clear, therefore, that the various figures given represent only approximations and this limitation must be kept in mind when making com-



parisons. But as it may be some considerable time before the full census figures are available it is useful to refer now to what is available.

COMPARISON OF EXETER POPULATION BY AGE AND SEX, AND MARITAL CONDITION IN 1951 AND 1931.

	CENSUS 1951.—EXETER.			CENSUS 1931.—EXETER.		
	Registrar General's 1% Sample Table. Ages and Marital Condition.			Actual figures (not corrected to allow for area of Exeter as constituted* in 1951).		
	Males	Females	Total	Males	Females	Total
TOTAL .....	33,600	41,900	75,500	30,909	35,120	66,029
Marital Condition :						
Single .....	13,700	16,800	30,500	15,637	17,410	33,047
Married .....	18,700	19,300	38,000	14,036	14,191	28,227
Widowed & Divorced .....	1,200	5,800	7,000	1,236	3,519	4,755
Age (last birthday) :						
0—4 .....	2,200	2,800	5,000	2,292	2,173	4,465
5—14 .....	4,700	4,400	9,100	4,734	4,680	9,414
15—24 .....	3,400	4,800	8,200	5,846	5,812	11,658
25—34 .....	5,000	5,300	10,300	4,809	5,452	10,261
35—44 .....	7,100	6,700	13,800	4,166	5,066	9,232
45—54 .....	4,900	6,100	11,000	3,759	4,484	8,243
55—64 .....	3,700	5,900	9,600	2,847	3,595	6,442
65 and over .....	2,600	5,900	8,500	2,456	3,858	6,314

\*There is no reason to suppose the population of the added area to have been very different in age constitution from that in the City in 1931.

One in nine of the population in Exeter is over 65 years of age and after 15 years of age only in one age group (35-44 years) do the males exceed the females in numbers. Women as everywhere else live longer than men.

TABLE SHEWING AGE CONSTITUTION OF POPULATION.

AGE GROUP	Exeter 1931 Census (Actual figures)	per- cent- age.	Exeter 1951 Census (1% Sample Table)	per- cent- age.	England & Wales 1951 Census (1% Sample Table)	per- cent- age.
All ages .....	66,029	100	75,500	100	48,840,700	100
Under 15 years .....	13,879	21	14,100	19	10,986,300	22
15—44 .....	31,151	47	32,300	43	20,838,600	43
45—64 .....	14,685	22	20,600	27	11,715,800	24
65 and over .....	6,314	10	8,500	11	5,300,000	11

The “ dependency groups ”—children under 15 and old people over 65 form much the same proportion of the total population of Exeter as in 1931, viz :— 30-31%. But the population as a whole is older. Comparing the decennial age groups in turn, in Exeter in 1931 and in 1951, and allowing for the increase in population since 1931, there has been a fall in the numbers, as a proportion of the total, in every age group up to 34 years (most marked in the age group 15-24 years) and an increase in the number in every age group over that age (most marked in the age group 35-44 years even though the birth years concerned there, included the first two years of the 1914-18 war). There is no subject more important to a nation—and it is not unimportant to a city—than the age constitution of the population ; sooner or later a population that is ageing wears out ; its vital spark—youth—has faded and gone.

The next table compares the distribution of the social classes in Exeter with that in England and Wales as a whole, and is derived from the Registrar General's figures.

## (1% SAMPLE TABLES)

*Social Classes.*

	I	II	III	IV	▼
Total Males : (Occupied and retired) ..... Aged 15 and over .....					
EXETER (Total 25,200) ....	900	4,600	14,700	2,500	2,500
England & Wales, (if male population over 15 years is reduced to 25,200)	841	3,768	13,279	4,088	3,224

The Registrar General's Social Classes are based solely on occupations, income not being relevant so far as the individual is concerned, though it was taken into account in relation to the occupations as a whole when constituting the occupational classifications.

They are :—

Class I = Professional, etc., occupations.

Class III = Skilled occupations.

Class V = Unskilled occupations.

Classes II and IV are intermediate classes.

This is necessarily an over simplification : the classification is made according to the very detailed list of occupations made by the Registrar General.

The social class distribution in Exeter follows broadly that in the country as a whole, but allowing for the possible errors of sampling (by the Registrar General's estimate, there is a 2 to 1 chance that the error will not exceed 6% in these Exeter figures, i.e. of social class) there are distinctly more people in Exeter in social classes II and III than in the country as a whole and distinctly less in classes IV and V than in the country as a whole. This is, of course, a reflection of the nature of the city as the county town, an administrative, hospital and educational centre, and an engineering and building centre.

From the sample tables it is clear that about 7,000 houses have no fixed bath, that 2,700 houses have not the exclusive use of water closets, that the number of persons per household has declined since 1931 (3.28 now as against 3.53 then) and that the number of persons per room has remained much the same (.72 against .73) but the percentage of persons living more than two per room has sharply declined—and thank heaven for that—from 4.03% to 1.1%. There is a margin of error in the 1951 figures because they are derived from the 1% sample (the chances are 2 to 1 against an error of more than 7%).